

Long-term problematic alcohol use and the older person

Dr Alice Rota-Bartelink, Research Manager, Wintringham, Victoria

Alcohol problems among older people are becoming increasingly common around the world (O'Connell et al. 2003) and significant numbers of people over 65 years of age exceed recommended drinking limits (Wattis & Seymour 2001).

Long-term problematic alcohol use is often associated with negative changes in health and brain function. Older people who have misused alcohol most of their lives often show the signs of alcohol-related brain injury (ARBI) which include symptoms such as:

- poor memory and decision-making
- being more impulsive in their actions
- difficulty in controlling emotions, planning activities and processing detailed information (Thomas & Rockwood 2001).

People living with ARBI, in its more advanced stages, readily engage in inappropriate or high-risk behaviours that can lead to social isolation and homelessness.

Wintringham provides community and residential aged care services specifically targeted at elderly homeless men and women (50 years and older). In 2003, Wintringham undertook a study of 125 newly referred older homeless clients (aged over 50 years) and found that 77 per cent of the men and 44 per cent of the women



had significant problems with alcohol dependence (Rota-Bartelink & Lipmann 2007). Wintringham's service delivery model has evolved to incorporate flexible, tolerant and non-judgemental strategies to support people living with alcohol dependence.

Harm minimisation is an integral component of Wintringham's service delivery model. It ensures that active drinkers, often the most vulnerable of homeless persons, are not excluded from accessing and receiving appropriate support. Harm minimisation is a policy designed to decrease the negative consequences of substance use without the requirement of abstinence. The Wintringham Alcohol and Cigarette Program maintains that alcohol and cigarettes are consumed in "acceptable" quantities. An acceptable quantity is determined on an individual basis in consultation with the client and their doctor. Alcohol and cigarettes are purchased and decanted into the appropriate daily quantities. Supported

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Guest editorial

Australia is ageing

Guest Editorial by Simon Ruth,
Director—Complex Services, Peninsula Health, Community Health, Victoria

Australian alcohol and other drug (AOD) treatment services are much more likely to treat a 15 year old than a 70 year old. This is despite older adults being more likely to have experimented with illicit drugs, more likely to be on prescription medications and more likely to drink daily than any other age group. Older adults do not attend drug treatment services in any representative numbers. Is this because they don't seek help; they aren't aware they are drinking at risky levels or because drug treatment services don't offer accessible and relevant services? It is most likely a mixture of all of these.

In the past few years I have talked a lot about alcohol and other drug use by older adults and the thing that has really struck me is that almost everyone has a story about an older relative who drinks too much. In many cases, the person has had no history of substance use issues and this is something that has started post retirement. Quite possibly the person has also expressed some concerns, but treatment is too hard to get into and many services struggle with how to work with older adults.

◦ AS A SECTOR WE'RE NOT VERY WELL EQUIPPED TO CATER TO THE NEEDS OF OLDER ADULTS ◦

No one wants to embarrass their loved one. In the United States of America, they talk about "Granny's last vice". Granny's got nothing else fun left in her life so why not let her have a few drinks. But if Granny's drinking is affecting her health shouldn't we try to help her? Would we let this go on if she were 15 years old instead of 70?

◦ WE NEED TO START CREATING SPECIFIC PROGRAMS THAT ARE TAILORED TO THE NEEDS OF OLDER AUSTRALIANS ◦

As a sector we're not very well equipped to cater to the needs of older adults. Similar to young people, older people have different needs and expectations from the rest of the community. There are higher rates of poverty among the elderly and they are less mobile. They have different stories from younger people and don't necessarily want to sit in groups with people half their age. They are more likely to have complicating medical conditions or to have reverted to speaking in their first language. Change is slower. Most of our screening tools aren't validated with older people and fail to take into account the different needs of the elderly. Our national alcohol guidelines provide little direction for safer drinking in this

group and rarely are they targeted in public campaigns.

As a sector, we can no longer put off developing services for older adults. The baby boomers are hitting retirement age and we may start to see more varied and complex drug use among older adults. We need to start creating specific programs that are tailored to the needs of this group. We need to start forming partnerships with aged care providers and getting our heads around the complex range of medication interactions that confronts older adults. We need to start educating older adults about their drug use and about how to reduce harm.

We can't keep putting it off — we'll all be old one day.



Implications of the ageing population

Francesca Lace, Senior Policy Officer, Policy & Prevention, Mental Health and Drugs Division, Department of Health, Victoria

Over the next 40 years, the proportion of Australians aged over 65 years will almost double to around 25 per cent. Governments at the Federal, state and local levels are considering the implications of the ageing population for alcohol and other drug prevention, early intervention, treatment, education, regulation and law enforcement.

◀ HEALTH SERVICES WILL NEED TO CHANGE TO ACCOMMODATE OUR AGEING POPULATION ▶

The National Drug Strategy 2010–2015 provides a national framework for action on problematic alcohol and other drug use. The strategy makes provisions for age and stage of life, noting the particular issues that older people face with alcohol and other drug use (including prescribed medications). For instance, alcohol is cited as a contributor to falls, motor vehicle accidents and suicide in older people.

While national outcomes are driven by the demographic considerations that underpin the National Drug Strategy, there will of course be differences between regions that must be accounted for and these are reflected in the planning and priority-setting of state governments.

In Victoria, the *Victorian Health Priorities Framework 2012–2022: Metropolitan Health Plan* sets out a plan for transforming Victoria's health services over the next decade (a rural and regional health plan for Victoria will be released later this year). The Health Plan acknowledges that decisions on Victoria's health system have been based on 2002 population projections. Change must now be made to accommodate a growing—and ageing—population.

The Health Plan concludes that population ageing will increase demand for a range of services, most notably the aged care and residential aged care sectors. However, as the medical complexities present in the over 70 age group mean that they consume disproportionately more healthcare, there will inevitably be pressures on other services too—spanning alcohol and other drug services and the wider health system that older people access including community health, general practitioners, hospitals and services provided by local councils. Moreover, better coordination and planning between services will be required to respond to co-occurring conditions in this cohort—for example between specialist mental health services and alcohol and other drug services.

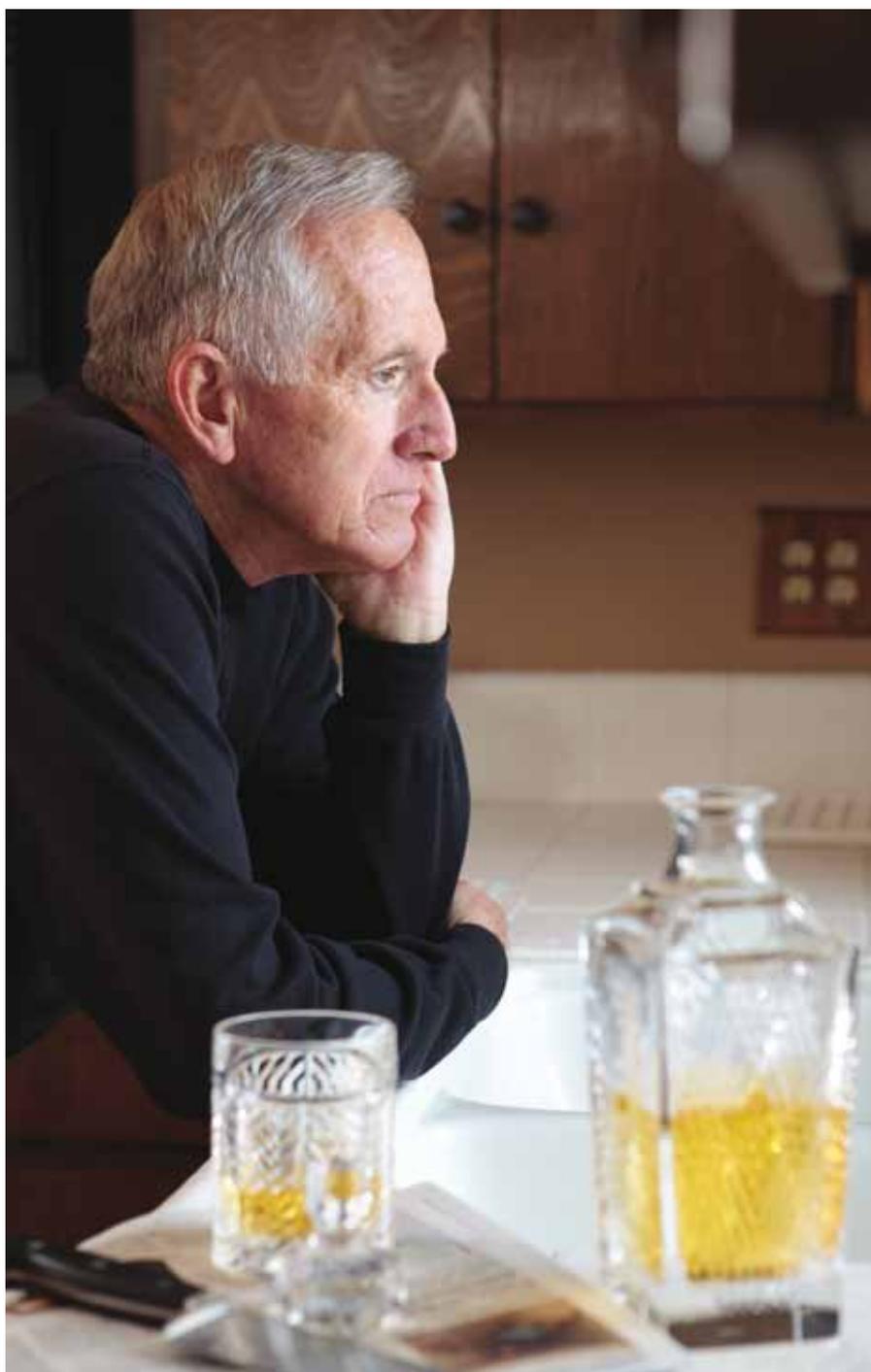
Demographers, social researchers and economists will play an important role in helping government to better understand the challenges associated with addressing alcohol and other drug issues in an ageing population. We can all benefit from more information about where, how and from whom older

◀ THERE ARE SPECIFIC CHALLENGES ASSOCIATED WITH ADDRESSING ALCOHOL AND OTHER DRUG ISSUES IN AN AGEING POPULATION ▶

people seek services for substance use and related issues, how alcohol and other drug services can be enhanced and modified, and what workforce strategies can be developed to meet future needs.

Screening older adults for risky alcohol consumption

Stephen Bright, Psychologist, Risky Drinking Project Coordinator—Older Wiser Lifestyles (OWL), Peninsula Health, Community Health, Victoria



Studies consistently show that healthcare professionals can help their patients by screening for alcohol-related problems and giving advice to their patients (Kaner et al. 2007). While Australian healthcare professionals have successfully incorporated screening for alcohol consumption into clinical practice with younger populations, screening for hazardous and harmful alcohol consumption among older adults has been neglected. This lack of adequate screening is particularly concerning given that 33 per cent of alcohol use disorders among older adults do not develop until later in life (Liberto et al. 1992). If these individuals can be identified as being “at-risk” of developing an alcohol-related problem, then early intervention can be provided (Bright 2010). Such early interventions also have the potential to provide significant economic savings.

There are a number of reasons why screening for alcohol consumption among older adults has been unsatisfactory, including:

- healthcare professionals find it difficult to conceive that the “nice” old man or lady sitting across from them could have alcohol-related problems
- a perception that older adults do not respond to treatment (i.e., “you can’t teach an old dog new tricks”)
- the assumption that the patient’s symptoms are age-related rather than alcohol-related
- an absence of adequate screening tools in Australia for older adults.

Screening tools

The Alcohol Use Disorders Identification Test (AUDIT), which is perhaps the most widely used alcohol screening tool in Australia, has been found to have low sensitivity among older adult populations (Berks & McCormick 2008). Put simply, the AUDIT fails to identify a number of older adults who are at risk of experiencing alcohol-related harm because it does not take into account the person's medical history or the medications that he or she might be taking—both factors that can moderate the risk of an older adult experiencing alcohol-related harm.

•THERE ARE NO ADEQUATE SCREENING TOOLS IN AUSTRALIA FOR OLDER ADULTS•

The only age-specific screening tools available in Australia are the two versions of the Michigan Alcoholism Screening Test—Geriatric Form (MAST-G); however, the MAST-G only identifies individuals who are misusing alcohol or experiencing alcohol dependence, and does not identify individuals who are “at-risk” of experiencing problems associated with their alcohol use (Blow et al. 1992).

The Alcohol-Related Problems Survey (ARPS) is an age-specific instrument that has been designed in the United States (US). It considers the person's medical history and the medications

that he or she might be taking, in addition to the amount of alcohol that he or she consumes, in determining the person's risk of experiencing alcohol-related harm. As such, the ARPS is much better at identifying older adults who are at risk of experiencing alcohol-related harms (Fink et al. 2005, Fink et al. 2002, Moore et al. 2002).

However, since a standard drink in the US (14 grams of alcohol) and an Australian standard drink (10 grams of alcohol) are quite different, the ARPS has not previously been valid to use within Australia. Consequently, Bright et al. (2011) are recalibrating the ARPS to make it valid to use within an Australian context. A free version of the Australian ARPS will be accessible online soon.

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Reducing the harm of alcohol and other drugs in older people—ask your pharmacist

Dipak Sanghvi, President of the Pharmacy Guild—Victoria Branch, Melbourne, Victoria

Alcohol and other drugs contribute to a large number of hospitalisations and deaths among older people in Australia. Therefore, there is a need to develop and implement effective strategies to reduce the harm caused by alcohol and other drugs in an ageing population.

Pharmacists are a prime source of medicine-related information and health advice. There are 5000 community pharmacies across Australia and on average consumers visit a community pharmacy about 14 times a year. Community pharmacists can play a pivotal role in reducing the burden of alcohol and other drugs through prevention, early detection and treatment.

The Pharmacy Guild of Australia (the Guild) encourages government and health advocacy groups to formally integrate community pharmacy as part of health promotion campaigns.

Alcohol and tobacco

Alcohol is the most commonly used drug in Australia. Community pharmacy delivers an alcohol education initiative aimed at increasing awareness and understanding of the concept of a “standard drink” and the effects of alcohol on medicines.

Despite a significant reduction in adult smoking rates during the past three decades, smoking continues to be Australia’s largest preventable cause

of death and disease. Research shows that even brief cessation advice from a pharmacist can help increase long-term quitting rates for customers.

The Guild conducted a smoking cessation project that resulted in an increase in the number of consumers commencing a smoking cessation program. These consumers were also more likely to remain smoke-free.

‘ COMMUNITY PHARMACISTS CAN PLAY A PIVOTAL ROLE IN THE PREVENTION, EARLY DETECTION AND TREATMENT OF ALCOHOL AND OTHER DRUG PROBLEMS.’

Opioid replacement therapy

Problematic use of illicit and licit drugs is a serious and complex problem that affects individuals, families and the wider community.

The Guild commissioned a study to investigate the health, social and economic benefits of best practice funding models for the provision of methadone and buprenorphine. This was followed by a trial of a nationally consistent funding model for the provision of pharmacotherapy treatment in community pharmacies. The funding model comprised a subsidy for client treatment costs and improved incentives for pharmacists.

The Guild continues to argue that a nationally subsidised scheme for opioid replacement therapy operated by community pharmacies would provide an affordable and accessible treatment program for clients. Increasing the number of opioid replacement therapy providers within community pharmacies would provide clients with the necessary support to effectively manage their opioid dependence.

Needle and syringe programs

Needle and syringe programs (NSP) supply equipment used to prepare and administer illicit drugs. The provision of sterile injecting equipment is an integral harm reduction strategy to reduce the transmission of blood borne viruses, such as HIV/AIDS and hepatitis C.

An increased number of community pharmacies participating in NSP, particularly in areas where there is an absence of primary or secondary NSP outlets, will benefit the community by a reduction in the transmission of blood-borne viruses such as HIV and hepatitis C caused by sharing injecting equipment. In addition, it will reduce unsafe needle disposal within the community.

Substance use in the elderly—some things best not asked or maybe asked better?

Mark Powell, MyVOICE project manager, South West Healthcare Mental Health Services, Victoria

Substance use by older people is not usually one of the foremost considerations among health professionals. The reasons for this include:

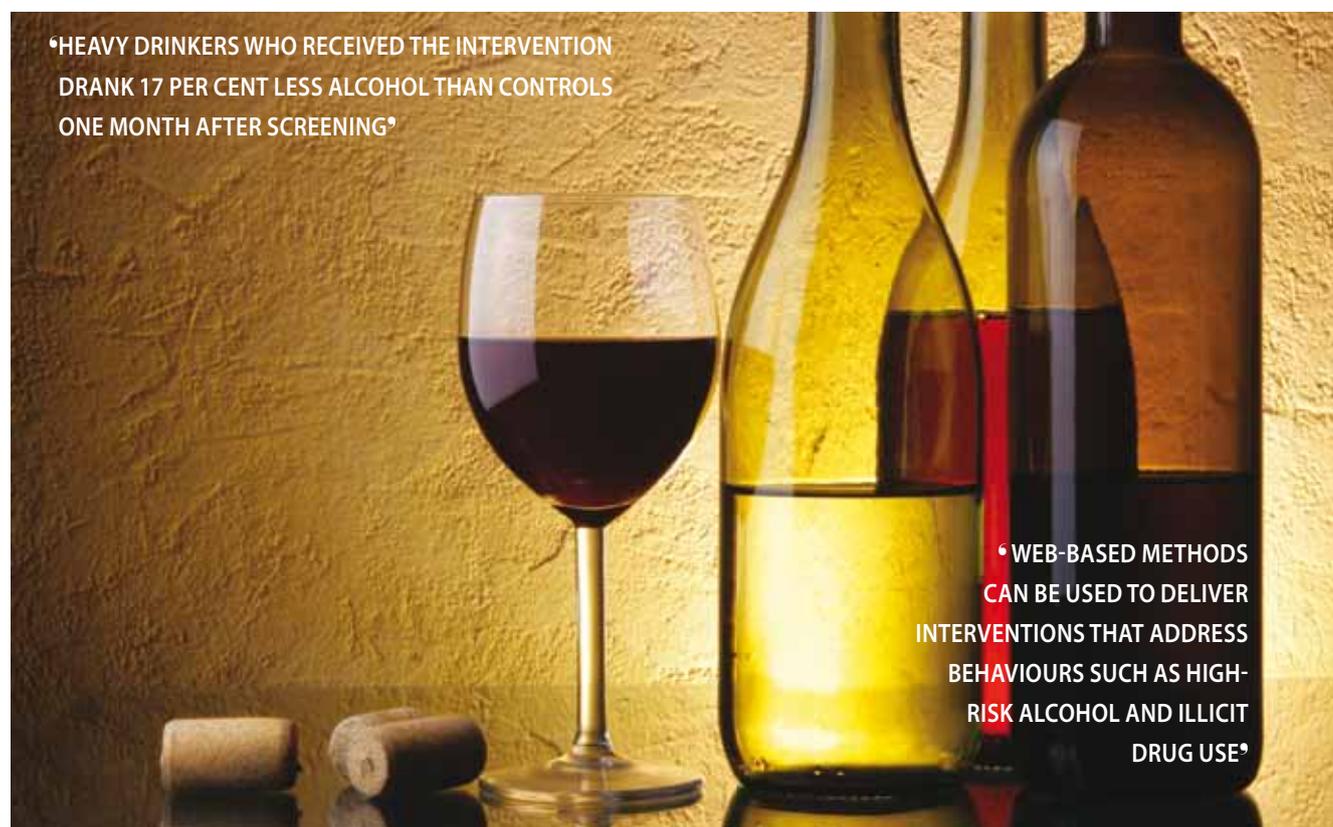
- ageist assumptions that any health concerns are only a result of ageing as opposed to current substance use
- not asking for fear of embarrassing the patient and/or the clinician
- treatment of substance use in the elderly will be unsuccessful as it is so late—why bother?

Health professionals need to acknowledge the possibility of concurrent substance use in the elderly. As far back as 1988, the

National Institute on Alcohol Abuse and Alcoholism (NIAAA) released an “alcohol alert” alerting that people aged over 65 years have alcohol use problems and that previous gerontology literature had been remiss in reporting this aspect (NIAAA 1988). In 1995, the NIAAA released a report highlighting that 20 per cent of elderly patients admitted to psychiatric wards and 14 per cent in hospital emergency rooms had symptoms of “alcoholism” (NIAAA 1998). The reality is that substance use is more likely to be considered in young people rather than older people.

Alcohol guidelines for older people

Dent (2000) found that 72 per cent of elderly men and 54 per cent of elderly women living in urban dwellings drank alcohol. Furthermore, 11 per cent of men and six per cent of women drank at hazardous or harmful levels. The effects of alcohol on older people are influenced by the ageing condition of the body and concurrent use of a variety of medications. Older people can be more sensitive to alcohol physically and cognitively. In 1995, the NIAAA released guidelines for safe drinking that suggested older people should have no more than



seven standard drinks per week and no more than one standard drink on any occasion.

It is difficult to establish guidelines for older people because the population is so heterogeneous (Skovenborg, n.d.). It is not surprising that the main types of drugs used by older people are alcohol, benzodiazepines and over-the-counter medications; however, as our population ages it is more common to hear of other substance use such as cannabis.

Asking about substance use

The Victorian Dual Diagnosis Initiative established 100 per cent screening for co-occurring disorders. However, the Aged Person's Mental Health Service (APMHS) does not routinely screen for substance use unless there is a known history of substance use or reported concern about substance use at point of triage. The Substance Abuse and Mental Health Services Administration (SAMSHA) in the United States of America recommends that all people over the age of 60 should be screened for alcohol and prescription drug use (Center for Substance Abuse Treatment 1993).

To know if someone has a substance use problem you must ask. To get a useful answer it is important how you ask. Avoid asking how many standard drinks a person has. Instead, ask them to show you how much they consume—this is more likely to give you an accurate picture. Self-report can be affected by memory problems so talk to a family member or friend to clarify levels of consumption not only of alcohol but prescription medication as well.

‘GIVEN ITS ACCESSIBILITY AND REACH, THRIVE PROVIDES AN OPPORTUNITY TO ENGAGE UNIVERSITY STUDENTS ABOUT THEIR DRINKING BEHAVIOUR ON A LARGE SCALE’

Unfortunately, if substance use is not asked about it may be missed. People will usually answer questions about substance use if they are asked but are unlikely to provide information unprompted.

The author provided an in-service practical demonstration to the staff of the local APMHS on the importance of screening for substance use. After the demonstration, staff became more willing to ask the essential screening questions about lifetime use. Their confidence in using a particular screening tool increased and they had a greater understanding of the importance of asking about substance use.

The team used a tool that asked about lifetime use of a range of substances. This tool helped to start the conversation although the results could not be interpreted with validity because the tool was not researched on older adult populations. The team is continuing to investigate ways to make the tool more useful with older people.

The key message is that we need to ask about substance use, we need to ask sensitively and with understanding.

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Review

Ian Comben, Information Officer,
DrugInfo,
Australian Drug Foundation

**Our invisible addicts:
First report of the older persons'
substance misuse**

Royal College of Psychiatrists 2011

Working Group of the Royal College of
Psychiatrists, London: RCP

[www.rcpsych.ac.uk/files/
pdfversion/CR165.pdf](http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf)

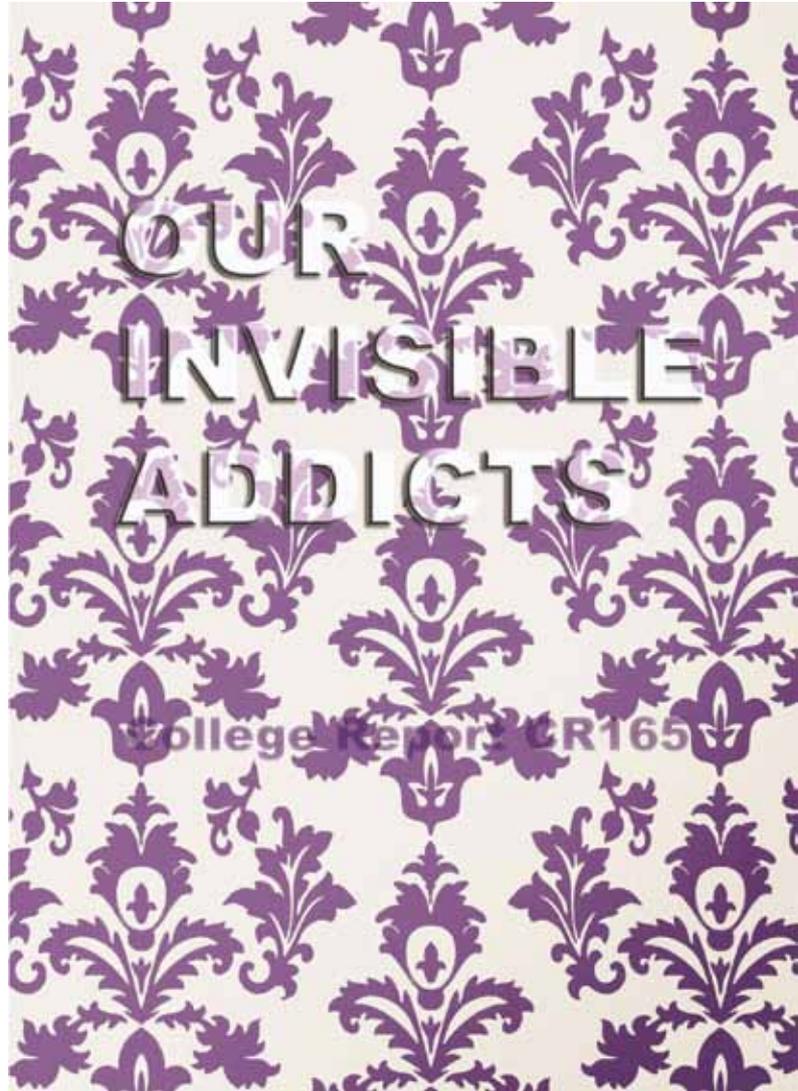
Alcohol and illicit drugs are among the top 10 risk factors for mortality and morbidity in Europe and substance misuse by older people is a growing public health problem.

This report was written by a group of health professionals in the United Kingdom with expertise in substance misuse in older people. It details the extent of the problem in the United Kingdom and highlights the high rates of coexisting mental health problems in older people.

The report includes a list of special considerations to be used in conjunction with the DSM-IV to diagnose substance dependence in older adults. The authors explain that there is some debate as to whether the DSM-IV can be applied effectively to assess older people and substance use.

A number of case studies are presented and key points for consideration are also presented. A key point of note is that:

"... current recommended 'safe levels' for alcohol consumption are based on work in younger adults. Because of physiological and metabolic changes associated with ageing, these 'safe limits' are too high for older people"



This theory-to-practice component makes this report a valuable resource for all alcohol and other drug workers.

A five-phase framework for assessing substance misuse in older patients is provided and suggests that each substance should be discussed separately. This is supported by a discussion of the various pharmacological treatments available.

Although this publication is from the United Kingdom, it is still relevant to Australian health professionals. Overall, it is a well-researched and written report and would be of benefit to all health professionals working with older people who have substance misuse issues.

Calendar



September

5 September 2011

Older People and Alcohol and Other Drugs Seminar,
Melbourne, Victoria

<http://australiandrugfoundation.cmail3.com/t/ViewEmail/r/852F2C1C5B4B3F39>

26–28 September 2011

Public Health Association of Australia 41st Annual
Conference, Brisbane, Queensland

www.phaa.net.au/41stPHAAAnnualConference.php

October

3–5 October 2011

Contemporary Drug Problems Conference: Beyond the
Buzzword—Problematizing 'Drugs', Prato, Italy

<http://ndri.curtin.edu.au/events/cdp2011>

18–20 October 2011

Oceania Tobacco Control Conference, Brisbane,
Queensland

www.oceaniatc2011.org

23–27 October 2011

9th Asia Oceania Congress of Geriatrics and Gerontology,
Melbourne, Victoria

www.ageing2011.com

November

9–11 November 2011

The Australian & New Zealand Adolescent Health
Conference: Youth Health 2011, Sydney, New South Wales

www.youthhealth2011.com.au

11–13 November 2011

General Practitioner Conference and Exhibition (GPCE),
Melbourne, Victoria

www.gpce.com.au

13–16 November 2011

Australasian Professional Society on Alcohol and other
Drugs 2011 Conference, Hobart, Tasmania

www.apsadconference.com.au

December

1 December 2011

World AIDS Day

www.worldaidscampaign.org

Review

Anna Gifford, Resource Centre Manager,
Australian Drug Foundation



2010 Treatment and care for older drug users

European Monitoring Centre for Drugs and Drug Addiction
(EMCDDA) Luxembourg: EMCDDA

www.emcdda.europa.eu/publications/selected-issues/older-drug-users

There is increasing recognition worldwide that the number of older people who use drugs is significant and growing. This short EMCDDA report succinctly outlines the current European data on older people who use drugs, focusing generally on people over the age of 40 years (though variations in data are noted).

After setting the scene with a review of drug use and age demographics in Europe, the report delves into the characteristics of older people with problematic drug use, covering areas such as drug use, health and social conditions. It notes a significant increase in problematic drug use among older populations, with upward trends in drug treatment clientele and the average age of drug-induced death.

The report concludes with a summary of the current policy, practice and availability of healthcare and social responses for older people who use drugs in Europe.

This report is brief and neatly presented, with clear graphs and tables to illustrate its findings. It is a useful reference point for anyone interested in the issue of, and potential responses to, drug use among older people.

Review

Ian Comben, Information Officer, *DrugInfo*,
Australian Drug Foundation

Counselling older people with alcohol problems

Fox, M. & Wilson, L. 2011

Jessica Kingsley Publications: London

Alcohol misuse is becoming an increasingly significant issue for people aged 55 years and over. Older people with alcohol problems often have complicated personal histories and are at risk of long-term dependency, social isolation and self-medication. Providing effective counselling services to this emerging client group requires a unique and specific approach.

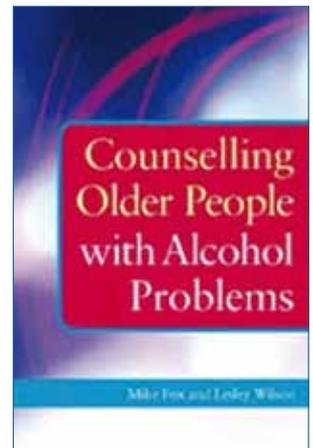
Counselling older people with alcohol problems is a practical guide that explores the factors that set apart older drinkers and introduces an innovative person-centred model that will help counsellors and other healthcare professionals give older people with alcohol problems the support they need.

This guide explores the influences, patterns and triggers that affect the development and progression of alcohol dependency in this age group. It also provides a detailed

description of a theoretical model and therapeutic process that has proved successful in practice. The book contains a number of case studies that demonstrate the approach. There are also chapters on the subject of working with clients with dementia or mental health problems.

Counselling older people with alcohol problems will prove an invaluable resource for counsellors and other healthcare professionals who encounter alcohol problems in their clinical practice.

This book is available to purchase through the Australian Drug Foundation bookshop at www.bookshop.adf.org.au



Web reviews Linda Rehill, Web Content Editor, *DrugInfo*, Australian Drug Foundation

The right mix

www.therightmix.gov.au

“The right mix” website helps individuals “recognise” risky drinking habits, “act” to change these habits, and “maintain” a healthy lifestyle.

This Department of Veteran’s Affairs site is aimed at all past and present members of the Australian Defence Forces, and their families, but seems to have a particular focus on information for older veterans.

Online tools allow site visitors to assess their drinking habits by doing things like measuring standard drinks, calculating weekly alcohol intake and assessing whether they are drinking at risky levels. These tools are a great way of getting important information across in an entertaining way, and could be a fantastic educational tool for anyone of drinking age.

Once visitors have established their level of drinking in the “Recognise” section, they move to the “Act” section, where they are given information about healthy lifestyles and contact details for support services. There is also a



confidential correspondence program called “Changing the mix”, which allows users to work to reduce problematic alcohol consumption from the privacy of their own home.

The “Maintain” section discusses relapse prevention, and gives people useful tips to cope with slip-ups.

The print-ready fact sheets include an explanation of why older people need to be particularly wary of alcohol. Order forms are also available for free, hardcopy resources for veterans, which can also be ordered by health professionals.

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by a behaviour management plan, staff administer the supplies using a medication treatment chart.

The Wintringham Alcohol and Cigarette Program has not been evaluated in isolation as most new Wintringham clients, particularly those living with long-term dependence, present with multiple and complex needs requiring a multifaceted service approach. However, a recent research project undertaken at Wintringham (The Wicking Project) exemplifies the effectiveness of the alcohol and cigarette program when applied to a group of older homeless people living with alcohol-related brain injury. The project participants ($n=7$) represented some of the most difficult and challenging individuals within a residential care environment.

After receiving a minimum of six months intensive, individualised support, project participants experienced a significant reduction (40 per cent) in drinking levels. This reduction was mainly due to the effectively administered controlled drinking program; however, other factors such as improved health, a reduction in levels of depression and anxiety, and an enhanced role in community participation also contributed to the result. There was also a 52 per cent reduction in the number of cigarettes consumed.

The problematic use of alcohol and other drugs is an issue that often results in stigma and marginalisation. Service staff may view alcohol use as a "personal choice" long after the effects of ARBI have rendered the person unable to regulate motivational impulses and stop drinking despite its harmful consequences. Service providers often find it challenging to support the diversity of need exhibited by people living with ARBI within a single service setting because of the scarcity of trained staff and available resources. A change in culture is required to improve the capacity of service providers to deliver appropriate care and support to this group of vulnerable ageing Australians.

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