Alcohol and other drug use and healthy ageing: Patterns of use and harm among older Australians

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Most Australians are living longer, healthier lives. With these trends comes increased use of alcohol and other drugs. This is not necessarily problematic.

Alcohol can be an enjoyable part of life, particularly as a social enhancement, and many medicines consumed by older people can enhance quality of life, however any substance use involves increased risk of harm.

Alcohol

Older Australians aged 50-70+ years are the group most likely to abstain from alcohol or only drink one day per month or less. They are also most likely to drink alcohol every day especially those 70+ years (Fig 2). Wine and low strength beer are the preferred alcoholic beverages (Fig 1).
In coming years greater proportions of older people will require hospitalisation for alcohol-caused reasons. Deaths and hospitalisations due to alcohol-caused diseases are concentrated among 50-59 and 40-49 year olds, respectively (see Figs 3 & 4). Ambulance attendances for alcohol intoxication rose from 3.3 individuals per 10,000 in 2004 to 8.2 per 10,000 in 2008 among those over 65. Australians aged 65-74 years living in non-metropolitan areas are more likely to die from alcohol-attributable conditions than city dwellers.

Other Drugs

Among older Australians (60+) recent drug use (last 12 months) increased between 1995 and 2010. Use of:

- Illicit drugs increased from 2.9% to 5.2% with the largest increase among men (1.8% to 5.5%) and much of this increase was due to non-medical use of pharmaceutical drugs
- Cannabis increased slightly from 0.3% to 0.5%, with the greatest increase among males (<0.1 to 0.8%)
- Pharmaceutical drugs for non-medical purposes increased from 2.8% to 4.2%, with the largest increase among men (1.9% to 4.3%).

Schedule 8 opioid medication usage is also most prevalent among older Australians, as is use of benzodiazepines and ‘Z drugs’ such as zolpidem (Stilnox®) and zopiclone (Imrest®). Per-capita use of the latter drugs peaks among those aged approximately 90 years. The very high rates of sedative prescribing in the elderly warrants attention given the higher risk of falls and associated accidents.

Reducing harmful substance use among older Australians can add significantly to their quality of life. Proactive measures are required to achieve this including prevention, screening, brief/early intervention and treatment services.