



# GREY MATTERS:

## Preventing and responding to alcohol and other drug problems among older Australians

Information Sheet 3



### The silver tsunami: The impact of Australia's ageing population

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As the population ages, generalist and specialist alcohol and other drug agencies will have an expanded role in preventing and responding to associated problems among older people.

Substance use among older people occurs along a spectrum as it does in the broader population. Some people don't use any substances or their use is not problematic. For others, use can be problematic and associated with intoxication, hazardous use or dependence (Figs 1 & 2). Use can fluctuate over time.

Previously non-problematic use can also become problematic with age-related changes.

Older people will benefit from the full range of prevention and intervention responses that correspond with their existing patterns of use (Fig 1).

- Non problematic users require prevention and minimal intervention programs to prevent problems developing.
- Problematic users may require brief interventions, harm reduction measures and assessment of relevant physical or psychological harms.
- Those experiencing greater harms may need more intensive interventions, such as counselling programs, detoxification, withdrawal regimes or maintenance therapy.

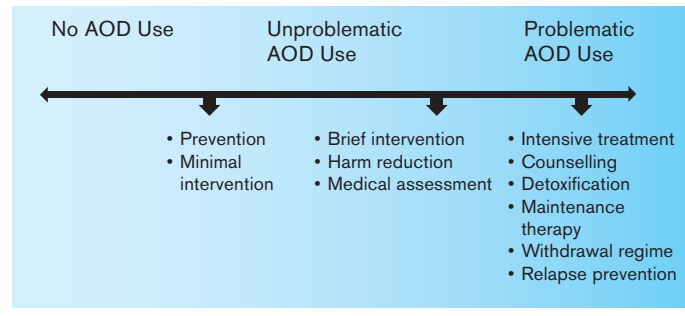


Figure 1: The spectrum of alcohol and drug (AOD) problems

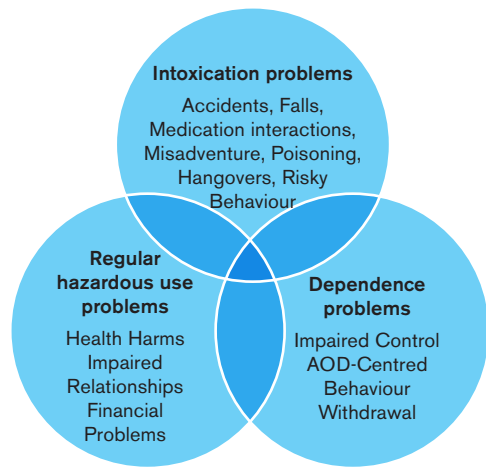


Figure 2: Alcohol and drug problems of intoxication, regular hazardous use and dependence

Implementation of age-specific prevention and screening programs is hampered by lack of established low risk limits for older peoples' consumption. General consumption guidelines may be unsuitable due to ageing-related changes in metabolism, co-morbidities and concurrent use of other medicines.<sup>1</sup>

When screening older people for substance use problems, the risk threshold should be lower than for the broader population.

Older people with substance use problems fall into various groups that require different intervention approaches.

#### Maintainers

- Have continued their previously unproblematic use into older age
- Age-related changes in metabolism may result in harms later in life

#### Survivors: Early onset users<sup>2</sup>

- Make up two thirds of older problem drinkers
- Have a history of substance use which persists into older age
- Often have co-morbidities

#### Reactors: Late onset users<sup>2</sup>

- Problem use begins in 50s or 60s
- Associated with stressful events e.g., bereavement, retirement, marital breakdown or social isolation

Preventing and responding to substance use issues among older people requires appropriate systems adaptations to ensure that services meet the needs of older people.

Generalist and specialist services need to take account of a range of social, psychological and physical factors which can increase the risk of, or exacerbate, substance use.<sup>2</sup>

#### Social factors

Bereavement, social isolation, lack of social support, financial difficulties

#### Psychological factors

Depression, loneliness, anxiety, memory problems, cognitive impairment, dementia, confusion

#### Physical factors

Lack of mobility, falls, reduced self-care, general ill health

Ageing-related physiological changes can adversely impact the ability to metabolise drugs or recover from harmful effects (*see Information Sheet 6: Common substance use co-morbidities*).

Interactions between alcohol, illicit drugs, other drugs and medicines, particularly opioids and sedative hypnotics, can have unpredictable effects. It can be difficult to differentiate the effects of substances from underlying morbidities. Drug interactions can also increase the risk of falls and other injuries.

Older people can also be vulnerable to exploitation, as a result of dependence, impairment or intoxication. They may also be encouraged to use drugs by carers to make them more compliant or docile.<sup>3</sup>

Older injecting drug users, in particular, may face challenges related to poor physical and mental health, housing and financial issues. These challenges can be further compounded by discrimination, the cost of pharmacotherapy, involvement in criminality to purchase illicit drugs, social isolation and family problems.<sup>4</sup>

This information sheet is from the *Grey Matters Information Sheet Series* developed by the National Centre for Education and Training on Addiction, Flinders University to reduce alcohol- and other drug-related harm among Australians aged 55 and over.

This Information Sheet and other resources on alcohol and drugs and older people can be located at: <http://nceta.flinders.edu.au/index.php?cID=590>



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