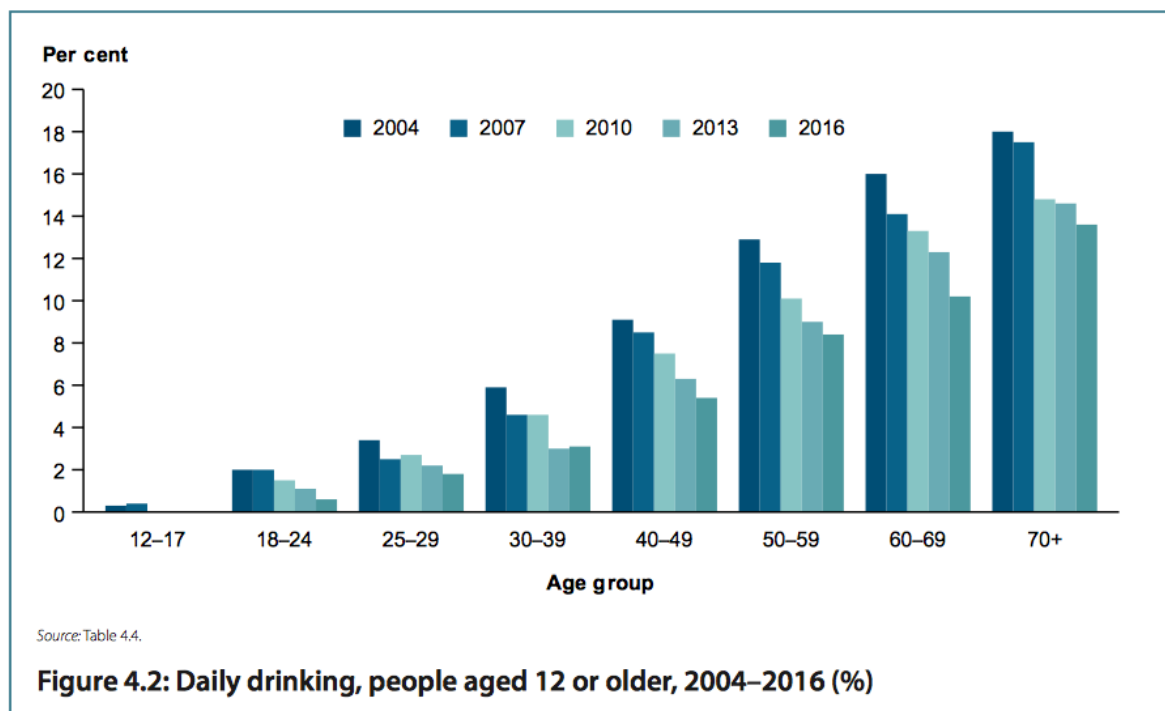


## Why should we be concerned about the use of Alcohol and Other Drugs (AOD) among older adults?

Australia's population is ageing. By 2051 it is estimated that 25% of the population will be aged 65 years or older. Consequently, healthcare professionals and health services need to be prepared to provide services for this changing in demographic.

### Older adults engage in different drinking patterns

The National Drug Strategy Household Survey (NDSHS) 2016 shows that as people age their drinking patterns change. Drinking on a daily basis increases with age. Further the patterns of drinking change with age with older people having more drinks, though over a longer time period. For example, with retirement comes the opportunity to have a drink at lunch or after a morning game of golf. This is contributing to a significant increase in the number of older Australian's drinking at levels that place them at-risk of harm.



Source: NDSHS 2016

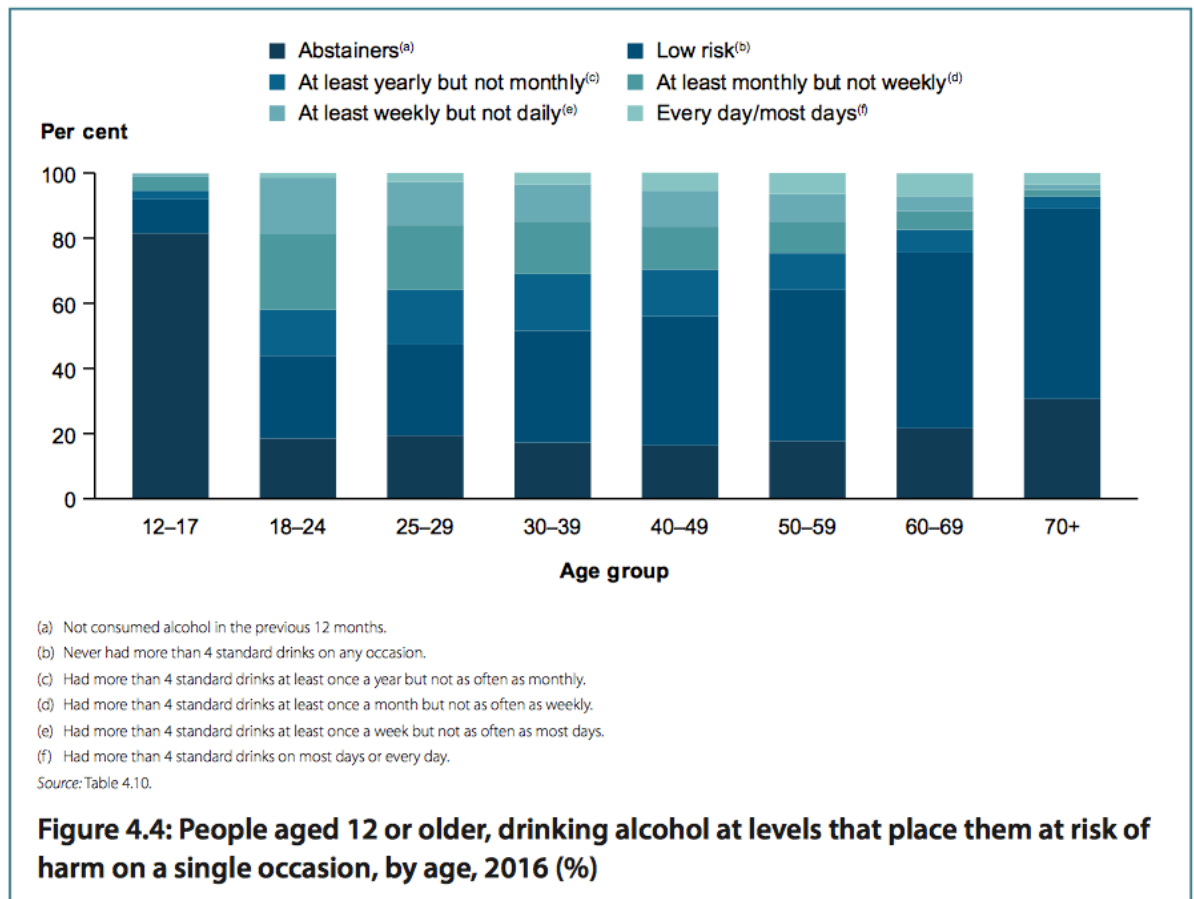
### The prevalence of risky drinking is increasing among older adults

The NDSHS 2016 shows that

- people in their 60s were the age group most likely to consume 5 or more standard drinks on at least 5 days per week (7.0% in 2016 up from 5.7% in 2013). In comparison,

people aged 18–24 were most likely to exceed single occasion risk guidelines weekly or monthly.

- males in their 40s (aged 40–49) were the most likely age group to drink at risky levels (29%)
- among females, those aged in their 50s (13.0%) are now the most likely to drink at risky levels, in place of those aged 18–24 (12.8%), who previously had the highest levels of risky drinking



Source: NDSHS 2016

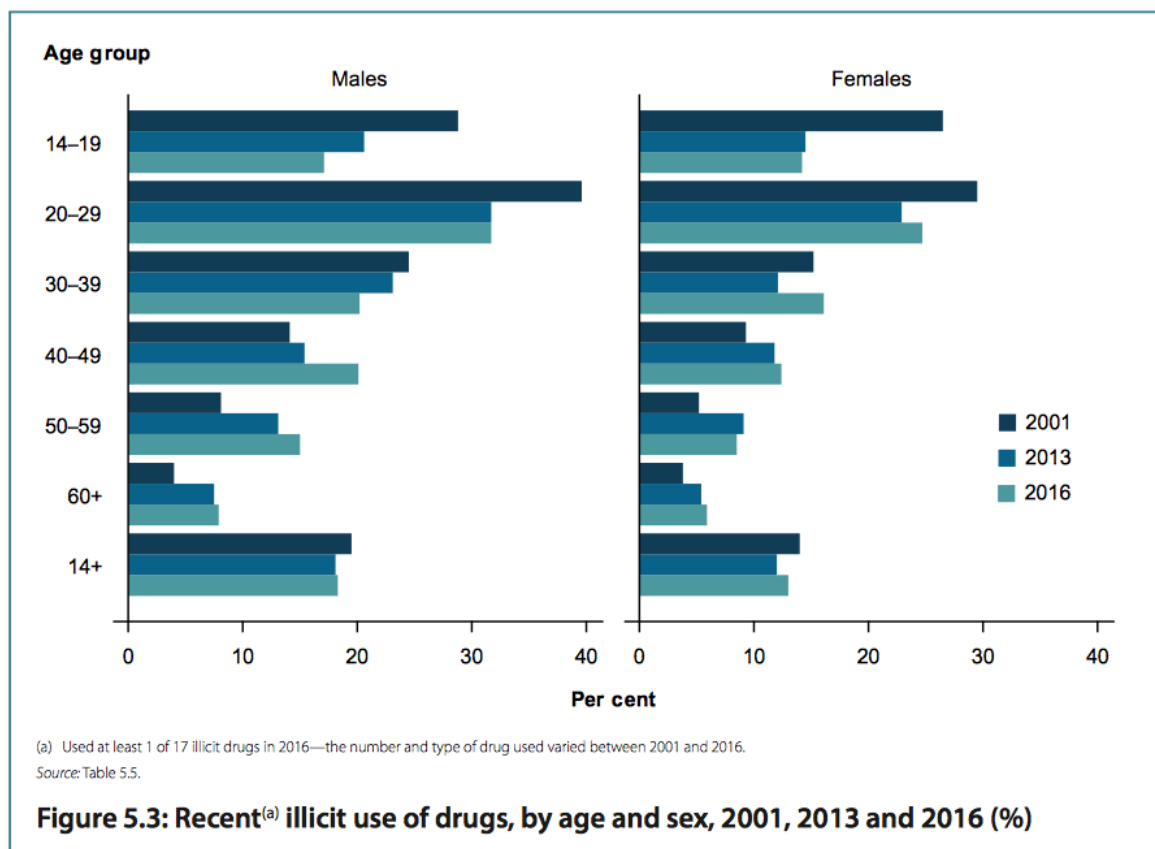
It is likely that these figures are conservative since the NDSHS requires a person to calculate the number of standard drinks they consume and research has shown older adults underestimate the size of a standard drink by as much as 32%. Further, there are a range of factors that increase an older adult's risk of experiencing alcohol-related harm, including:

- Decreased functioning of the liver and changes in the ratio of body muscle and fat which leads to increased levels of Blood Alcohol Concentrations
- Medical conditions that can be exacerbated through the consumption of alcohol or treatment efficacy compromised

- Increased use of medications that can potentially interact with alcohol leading to adverse drug events.

### Screening all older patients

Consequently the National Health and Medical Research Council (2009) drinking guidelines advise older adults to consult with their healthcare professional to determine a safe level of consumption. Though realistically, how many older adults are doing this? As such it is essential that all healthcare workers routinely screen older adults for AOD use – not just alcohol. The NDSHS 2016 shows that between 2001 and 2016, recent use of any illicit drug has nearly doubled among males in their 50s (from 8.1% to 15.0% in 2016) and males aged 60 or older (from 4.0% to 7.9%), while use among people aged 14–19 considerably decreased from 28% to 16% over the same period.



Source: NDSHS 2016

There are several barriers to healthcare professional screening older adults for AOD use. For example, it is often difficult to conceive that the older patient would be drinking excessively or using other drugs. However, it is important to remember even lower levels of consumption can be risky given the aforementioned factors. In screening older adult, traditional screens in primary healthcare such as the Alcohol Use Disorders Identification Test (AUDIT) are not good at identifying older adults who are at-risk of experiencing harm since they do not consider the risk factors that are unique to older adults. Nonetheless, the

3 item version of the AUDIT, often referred to as the AUDIT-C, can have good sensitivity when the cut-off score is reduced to 3. A positive score can then lead to a conversation about the older adult's alcohol consumption in the context of the aforementioned risk factors.

### **The ARPS: A comprehensive screening tool**

A more comprehensive screening tool developed at UCLA called the Alcohol-Related Problems Survey (ARPS) has been recalibrated for the Australian context. The A-ARPS is a computerised screening tool that takes into account the older person's gender, medical co-morbidities, medications and activities of daily functioning using a series of algorithms to determine the patient's risk of experiencing alcohol-related harm.

It provides the patient with a report that outlines key risk factors that could lead to alcohol-related harm if the screen determines that the quantity and/or frequency of alcohol consumption is harmful. For such patients, the A-ARPS also provides advice about ways they could reduce their alcohol consumption and instructions to discuss the report with their GP. As such, the A-ARPS can be used as a standalone brief intervention, or integrated into clinical practice so that the GP receives a copy of the report and can provide brief intervention and referral to treatment when required,

The A-ARPS can be accessed via: <http://www.wisedrinking.org>