

The hard truth about a party spirit

Baby Boomers' proclivity for having a good time may be leading to worsening health and even an early grave, as their consumption of alcohol and drugs takes an increased toll on ageing bodies, writes JENNIFER HULLICK

Baby Boomers have never been backward in coming forward and, just because they are hitting their 60s and 70s, doesn't mean their interest in drugs and alcohol has suddenly waned.

If anything it's the opposite, says Professor Ann Roche, director of the National Centre for Education and Training on Addiction (NCETA) at Flinders University, one of three centres around the country working together on drug and alcohol issues.

"Internationally we are seeing statistically significant increases in both alcohol and illicit drug use among people over 50," Prof Roche says. "Many people in their 50s have a particularly comfortable relationship with alcohol that they carry on into later years."

NCETA's *Grey Matters: Preventing and Responding to Alcohol and Other Drug Problems Among Older Australians* report confirms Baby Boomers have used alcohol and other drugs at higher rates than previous generations and many will continue to do so in older age, creating a greater risk of harm. It adds that the increase in this population of people aged 65 to 84 – estimated to double between 2010 and 2050 – will also dramatically increase the number of older individuals with substance use problems.

In aged care homes, residents' use of alcohol and recreational or medicinal drugs is causing waves. "We have regular contact from people in the aged care industry who say ... we know people are using cannabis in our facilities and people are wanting to use alcohol," Prof Roche says. "Assertive Baby Boomers are moving into retirement villages and are quite different to previous cohorts."

An NCETA secondary analysis of the National Drug Strategy Household Survey in 2016 found people aged 60 and over strongly favour bottled wine and beer, followed by spirits and other forms of alcohol. Between 1995 and 2010, use of an illicit drug increased among the age group from 2.9 per cent to 5.2 per cent. Cannabis use increased slightly and use of pharmaceutical drugs for non-medical pur-

poses increased from 2.8 per cent to 4.2 per cent over the same period.

Prof Roche says opioid use has become a deadly issue, especially for older users, with the prescription of such drugs most prevalent among older people. "At what point are, say, opioids being used for a therapeutic purpose, and at what point are they no longer being used therapeutically," she says. "We're seeing massive problems in the US and Canada where the death rate is in the tens of thousands from prescribed opioids, mostly in older age groups."

One of the major difficulties for sorting out an approach to helping older people achieve a healthy approach to drug and alcohol use is a lack of relevant data and research. "I've been on the two last National Drug and Alcohol Research Centre committees to develop Australian guidelines for low-risk consumption of alcohol," Prof Roche says. "We look at all the studies done internationally and look for the point at which harm really starts to kick in, but most of this excludes people who are over 65 because we don't have data on them."

OLDER USERS

The *Grey Matters* report, which Prof Roche helped author, says older people can be more at risk of harm from problem use of alcohol or drugs because of related changes in metabolism; having more than one health problem to deal with (co-morbidities); and using multiple medicines at one time.

"As we get older, our ability to metabolise all sorts of substances is nowhere near as efficient as it has been previously," she says.

"We are likely to also be taking a range of other medications that may compound the effect of alcohol or other substances (and) we may have a range of other health problems or psycho-



social problems that may exacerbate the potential for harm."

Prof Roche says mental health issues are prevalent among older people for many reasons, including social isolation, bereavement, loss of identity or loss of a job. Alcohol and drugs are used as coping mechanisms to deal with loss and those involved may not register "on any of our scales of dependence, but they still may be using the substances in a way that's not helpful to them and they may be quite harmful to them".

"It's difficult to know what percentage is in that situation," she says. "We're talking about drugs that have a psycho-active component. It might be a prescribed medication, an opioid like Oxycodone that can affect moods."

Older people with substance use problems fall into different groups that require individual intervention approaches:

Maintainers – have continued their previously unproblematic use into older age. Age-related changes in metabolism may result in harm later in life

Survivors – early onset users who make up two-thirds of older problem drinkers. Have a history of substance use that persists into older age. Because of better health care, more of them are surviving into older age.

Substance Use and Mental Health Problems

Substance use is associated with mental health problems in older people and can:

- ➔ Worsen or precipitate mental health problems, including dementia.
- ➔ Lead to intoxication-related head injuries, resulting in mental health problems.
- ➔ Trigger the onset of mental health problems in susceptible individuals.
- ➔ Represent an attempt to self-treat or relieve mental health symptoms.
- ➔ Lead to general life difficulties, which can precipitate or worsen mental health problems.

A majority of older people with major alcohol-related problems have a history of depression. Among depressed older people, alcohol problems can be three-to-four times greater than among non-depressed elderly. The relationship between alcohol and late-life depression is complex, but depressed older people who stop drinking improve more than those who continue to drink.

Source: NCETA's *Grey Matters: Preventing and Responding to Alcohol and Other Drug Problems Among Older Australians*.

They often have co-morbidities.

Reactors – late onset users whose problem use begins in their 50s or 60s, associated with changed circumstances including bereavement, retirement, marital breakdown or social isolation, or they may have moved to a retirement village where a lot more





socialising occurs and be drinking far more than before.

OPIOIDS

Research into the level of opioid prescription across Australia reveals deeply concerning trends. “We know that the highest level of prescribing of opioids occurs in the older age groups, particularly those over 70,” Prof Roche says. “We’ve seen an escalation in that prescribing and we believe much of that is related to managing persistent, non-cancer-related pain.”

Prescribing for persistent, non-cancer pain is more prevalent because more people are living longer but are experiencing “mechanical deterioration” such as arthritis. For the increas-



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ing numbers of older people surviving cancer, a proportion are experiencing ongoing, quite severe pain after their treatment.

Disturbingly, data collected in the Australian Atlas of Healthcare Variation also shows a link between socio-economic status and opioid use. “We’ve got good data that shows the prescribing level of Oxycodone in (wealthy) Burnside, for example, is extremely low whereas in (less well off) Playford, it’s the sixth highest in the country,” Prof Roche says. “It means that, if you’re dealing with experiences of pain – physical or psychological – if you have more resources in your life, there’s a variety of different ways you may be able to manage that. You might go to a pilates class, have a massage or go to a support group: all sorts of things. If you live in an area where you don’t have a lot of resources and (have) a lot of other stressors in your life, you don’t necessarily have the luxury of doing that. So instant relief through medication may be a more accessible option.

“Before this data, we had no idea there was such a big difference. We expected to see something but nothing like that.”

Some rural areas also come out with far higher prescription rates per head of population.

BETTER MANAGEMENT

New ways are being sought to deal with the problems of opioid prescrib-

ing and other drug and alcohol-related problems. “We know opioids are not a particularly effective mechanism for (persistent pain management) in the longer term, over more than a couple of months,” Prof Roche says.

“There’s a lot of work going on to train up prescribers to say if you are dealing with people who have persistent pain, avoid using the opioids. Their effectiveness wears off and people say they need more and more because their tolerance increases.”

Prescribers are also being taught how to de-prescribe people who have developed a tolerance to opioids. “It can be a difficult process,” Prof Roche says. “De-prescribing involves introducing alternative pain management approaches because often clinicians don’t know what they are.

“We are trying to get the evidence out there to say opioids are good for this and this but not so good for managing pain on a long-term basis.”

The *Grey Matters* report recommends further age-related research to help reduce the risks of problem drug and alcohol use among the older population, but also suggests trying to reduce the provision of cheap alcohol in gambling venues, social clubs and sporting facilities. “Reducing these practices could reduce risky drinking,” it says. “Clearly defined policies and practices concerning the availability of alcohol in retirement villages and nursing homes could also reduce risky drinking.”