

## Strategies to reduce AOD-related harms among older adults

### Authors:

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**Introduction:** Older adults experience varied and increased risk of AOD harm, with harms differentially experienced by some subgroups. Effective messages to shift behaviour may vary depending on the characteristics and motivations of various subgroups. There is a need to better understand what works in preventing and reducing harm.

**Method / Approach:** A rapid review of peer reviewed publications within the last 10 years was conducted using PubMed, CINAHL, PsycINFO and Embase for evaluations of evidence-based approaches to preventing and reducing AOD related harm among older adults. The specific focus was on alcohol, prescription/pharmaceutical drugs and illicit drugs. A narrative review was also conducted to understand preferred information sourcing and messaging within older adults.

**Key Findings:** Key findings from the rapid review and narrative review include:

- Healthcare providers are a preferred source of AOD information among older adults
- Conversations between authorised prescribers and older adults regarding psychotropic medicines are likely more common than those regarding alcohol use, with older adults appearing dissatisfied with the depth and duration of these conversations.
- Information content should be accessible, transparent and tailored for older audiences.
- There is a dearth of older adult focused AOD harm reduction intervention evaluations, complicated by heterogeneity across interventions.
- There is some evidence for the efficacy of brief interventions (e.g. personalised feedback on drinking behaviours) and/or psychological treatments to reduce harmful alcohol use.

**Conclusions and Next Steps:** Several in-depth recommendations have been derived from this research including:

- Training healthcare providers to identify and provide support for risky alcohol use and to adapt their communication based on patients' attitudes to medicines.
- Delivering programs to improve health literacy.
- Further research to address evidence gaps including in under-researched populations and peer-delivered interventions.