

Substance use and related harms among Australians aged 50 years and older 2001-2021

Authors:

Liana Rawlings¹, Rachel Sutherland², Eleanor Costello¹, Agata Chrzanowska², Grace Prael², Amy Peacock², Craig Martin¹, Skye McPhie¹, Nataly Bovopoulos¹, Robert Taylor¹

¹*Alcohol and Drug Foundation (ADF), Melbourne, Australia*, ²*National Drug and Alcohol Research Centre (NDARC) UNSW Sydney, Sydney, Australia*

Presenter's email: robert.taylor@adf.org.au

Introduction: Older adults experience varied and increased risk of alcohol and other drugs (AOD) harm, with harms differentially experienced by some subgroups. There is a need to better understand the patterns of AOD related harms experienced by older adults. The aim of this research was to provide an increased understanding of the subgroups of older adults (aged 50 and over) that experience the greatest harm from AOD consumption, and to identify high risk subgroups in older adult populations according to risky/harmful AOD behaviour and contexts.

Method/Approach: An analysis report was developed to identify older adult subgroups at risk and associated risk factors. Trends among Australians aged 50 and over were identified within AOD:

- related hospitalisations (i.e., hospitalisations with a principal diagnosis of substance use disorder or harm), from 2002-03 to 2020-21;
- induced deaths (i.e., overdose and other drug-induced deaths where drugs have been deemed the underlying cause of death), from 2000 to 2021;
- treatment episodes from 2002-03 to 2020-21; and
- past year use from 2001 to 2019.

Key Findings: The subgroups identified that may benefit most from interventions to reduce harms include:

- males
- 50-59 year olds
- older adults who use alcohol, opioids, benzodiazepines and/or amphetamine type stimulants.

The following identified risk factors should be considered when developing such interventions:

Using drugs at home alone;

- Remoteness area;
- Polysubstance use;
- Psychosocial risk factors.

Conclusions and Next Steps: The results were able to identify specific subgroups that experience the greatest AOD related harm, as well as risk factors to consider when developing interventions to reduce harm. These findings help build our understanding of which subgroups should be prioritised in future interventions to reduce AOD harm.

Disclosure of Interest Statement: