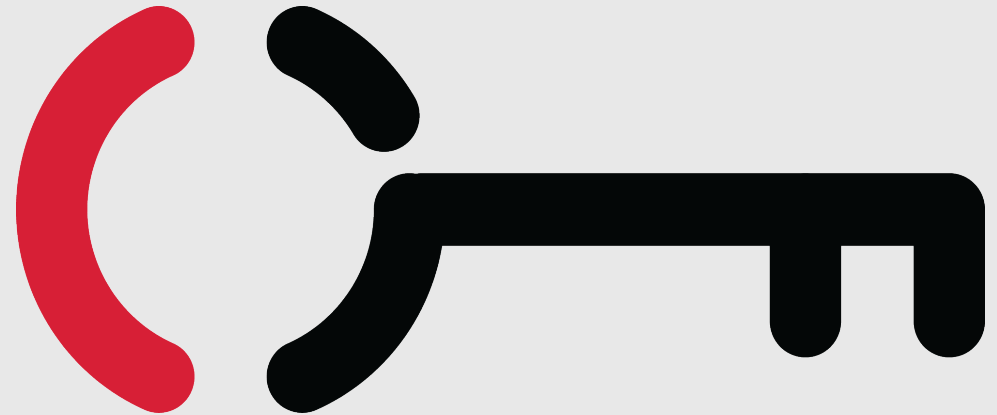


Strategies to reduce AOD-related harms among older adults

Dr Erin Lalor, CEO
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Acknowledgements

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Why we did this research

- Australia has an **ageing population**. In 2021, Australians **aged 50 and above** made up **over a third** (35%) of the population.
- Many older adults have an **increased risk** of certain **AOD-related harms**. Changes in physical and mental wellbeing, feelings of isolation and increased likelihood of being prescribed medication and using multiple medications, all contribute to the risk of harm.
- As a part of the ageing process, older adults become more vulnerable to harms and can **become more sensitive to alcohol, increasing the risk** of falls, bone fractures, and other **injuries**.



Methodology

ADF commissioned NDARC to carry out:

1. **A narrative review** of who older adults prefer to receive AOD information from, as well as the preferred content of such information.
2. **A rapid review** of evaluated interventions to reduce AOD-related harms among older adults.

Focus on alcohol, prescription/pharmaceutical drugs and illicit drugs.



*Primary
studies within
reviews that
met inclusion
criteria were
included*

Records identified and screened

N = 5,792

Review studies in last 10 years (PubMed, CINAHL, PsychINFO, Embase)

n = 5,264

Primary studies in last 5 years (PubMed)

n = 528



Primary studies included in review

n = 59

Alcohol related n = 22

Benzodiazepine related n = 25

Opioid related n = 12



What we found: Alcohol

Brief interventions appear to be effective in reducing alcohol-related harms among older adults



Information

Preferred sources:

- Healthcare providers
- Personal stories/lived experience.

Preferred content:

- Accessible info (e.g. large font, translation, subtitles)
- Age-appropriate people represented
- Transparent information (e.g. how drinking guidelines were developed)
- Multiple types of info
- Awareness of alcohol-related harms alone is unlikely to motivate changes in consumption, especially among those who consider themselves healthy.

Interventions

- Some evidence for the efficacy of brief interventions, and/or psychological treatments.
- Review of studies that included (but were not specific to) older adults found interventions were more effective when they involved:
 - information on several alcohol-related issues
 - personalised feedback about drinking behaviours
 - contact and communication with others about alcohol.

What we found: Opioids

Community pharmacies may be a valuable resource for identifying and reducing harms from pharmaceutical opioids among older patients



| Information | Interventions |
|---|---|
| <p>Preferred sources:</p> <ul style="list-style-type: none">• Healthcare providers• Longer, more in depth and two-way conversations desired. <p>Preferred content:</p> <ul style="list-style-type: none">• Accessible info (e.g. large font, optional translation, subtitles)• Multiple types of info, delivered verbally, along with written materials• Clear, and comprehensive information. | <ul style="list-style-type: none">• Considerable variation in the types of interventions evaluated• Educational and psychological interventions showed some evidence of effectiveness (primarily the Mindfulness-Oriented Recovery Enhancement model)• Community pharmacies may be a valuable resource for identifying and reducing health harm in patients who use pharmaceutical opioids. |

What we found: Benzodiazepines

Patient empowerment interventions, in particular EMPOWER, appear to be effective in improving sedative-hypnotic cessation among older adults



Information

Preferred sources:

- Healthcare providers
- Longer, more in depth and two-way conversations desired.

Preferred content:

- Accessible information (e.g. large font, optional translation, subtitles)
- Multiple types of information, delivered verbally, along with written materials
- Clear, and comprehensive information
- Reasons for reducing or stopping prescribed medications which focus on the risk of side effects.

Interventions

- Available evidence mostly on education-based interventions and cognitive behavioural therapy for insomnia (CBTi)
- Patient empowerment interventions, in particular EMPOWER, show some effectiveness in ceasing use among older adults
- CBTi shows some effectiveness in treating sleep issues and reducing medication use among older adults.

Preferred sources and content of AOD-related information



Health professionals are the preferred source of AOD-related information among older adults.



However, alcohol-related conversations with health professionals (excluding pharmacists) appear to be uncommon, with both older adults and health practitioners raising concerns about the appropriateness of such conversations.



Many older adults appear to be dissatisfied with the length and depth of consultations regarding psychotropic medicines.



There is some evidence that older adults are most motivated to deprescribe by rationales that focus on the risk of side effects.



In contrast, knowledge of alcohol harms, alone, appears to be unlikely to dissuade older adults from drinking.



Broader qualitative literature suggests that emphasising the experience of older people to drink wisely in a positive controlled way, could be effective.



Older adults prefer AOD materials that use large text, actors of similar age, and subtitles.



We identified no studies that focused on conversations with older adults regarding illegal drug use.

Interventions to reduce AOD-related harm



Brief interventions appear to be effective in reducing alcohol-related harms among older adults.



Interventions that *included* (but were not specific to) older adults suggest that there are three elements of effective alcohol interventions: the provision of information, personalised feedback, and being in contact with others.



Patient-empowerment interventions, in particular EMPOWER, appear to be effective in improving sedative-hypnotic cessation among older adults.



Limited evidence suggests that educational and psychological interventions, particularly Mindfulness-Oriented Recovery Enhancement, may be effective in reducing opioid-related harms among older adults.



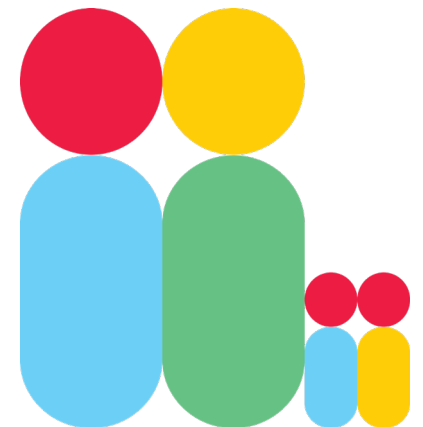
Community pharmacies may be a valuable resource for identifying and reducing harms from pharmaceutical opioids among older patients.



There were few interventions that were specifically aimed at reducing harms associated with cannabis or illegal drugs among older adults.

Recommendations – Alcohol

- Training key healthcare providers to identify and intervene where drinking patterns may constitute risk of harm
- Promote social and leisure opportunities that do not involve alcohol
- Messaging about protecting current level of health and empowering individuals
- Interventions should consider inclusion of educational information and personalised feedback
- Future research should investigate how social networks could contribute to a successful intervention.



Recommendations – Opioids/ Benzodiazepines

- Prescribers should adapt communication based on patients' attitudes to medicines and preferences regarding involvement in the decision-making process
- Programs to improve health literacy
- Consider leveraging community pharmacies and offering take-home naloxone. (Opioid)
- Interventions may benefit from focusing on patient-empowerment models, such as EMPOWER. (Benzo)



Recommendations – Other drugs

- More research is needed



Conclusions and next steps

Comprehensive evidence-based interventions that address some of the social determinants of AOD-related harms in older adults have the potential to help older adults to continue to age well.

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