



16 June 2014

Dr Sarah Palmer
Principal Research Officer
Community Development and Justice Standing Committee
Legislative Assembly Committee Office
Level 1 / 11 Harvest Terrace
West Perth WA 6005

Dear Dr Palmer

Submission to the Community Development and Justice Standing Committee

Please find attached a submission to the Community Development and Justice Standing Committee from Palmerston Association, a leading Western Australian not for profit organisation specialising in support to people with alcohol and other drug issues. Our organisation was pleased to see the terms of reference for the Committee's latest inquiry and this submission is intended to contribute to the discussion into the policy implications of an ageing community by raising the issue of alcohol and other drug use among older Australians.

Palmerston Association has had the opportunity to collaborate with researchers from Edith Cowan University and the National Drug Research Institute on a study into alcohol use among older people in retirement villages. The researchers, Dr Celia Wilkinson and Dr Julie Dare are very willing to address the Committee along with myself on the research findings.

Yours sincerely

A handwritten signature in blue ink, appearing to read "Sheila McHale", written in a cursive style.

Sheila McHale
Chief Executive Officer
Palmerston Association Inc.



Submission to the Community Development and Justice Standing Committee

Call for Submissions

Inquiry into Policy Implications of an Ageing Community

Palmerston Association commends the Community Development and Justice Standing Committee for recognising the importance of a strong response to the global issue of an ageing community.

As an organisation that is at the front of service delivery to people with alcohol and drug use issues, Palmerston Association believes that any strategy that guides the “actions of government agencies and their community... in planning and developing policies... to create age-friendly communities... “ (The WA Seniors Strategic Planning Framework 2012-2017), must take account of increasing concerns about alcohol and other drug use among older Australians.

We value the opportunity to make this brief submission to the Inquiry to elaborate on the above position. This submission outlines who and what Palmerston is, and provides a discussion on some of the key findings of research conducted internationally and here in Western Australia on drug use trends among older people.

Palmerston Association services

Palmerston Association prides itself on 34 years of service and commitment to the Western Australian community supporting individuals and their families who have struggled with alcohol and/or drug issues. With a long respected history, Palmerston has built a strong reputation for professional personal care for its clients whether delivered in a residential setting or community based service. The organisation is now recognised as a value driven high performing, adaptive and learning organisation, striving for excellence in service.

Palmerston was established in 1980 as a research and rehabilitation service for illicit drug users. However in responding to changing community needs, we now support people of all ages with all forms of alcohol and substance abuse. The organisation operates in the community and at its special purpose Therapeutic Community residential rehabilitation facility at Palmerston Farm in Wellard. Palmerston Association operates the South Metro Community Drug Service, Great Southern Community Drug Service Team (providing services in Albany, Katanning, Denmark, Mt Barker, and other outlying towns), and Palmerston Perth. We are a not for profit organisation.

Organisational Objectives

Our vision is to be the leading and most trusted service improving the lives of people affected by alcohol and other drugs and our purpose is to prevent and reduce the harmful effects of alcohol and other drugs on people, families and community by offering tailored responses to their desired goals.

Core Services

The Therapeutic Community offers a residential rehabilitation program for people over the age of 18 wishing to control their alcohol and drug issues.

The Farm program aims to:

- enhance self esteem
- develop work skills
- develop social skills and the ability to work productively in a social/team environment
- optimise health and reduce or eliminate chronic morbidity and improve general mood and well being
- learn or develop appropriate skills for living and working in the wider community
- improve responses to specific issues such as anger management, anxiety, impulse control
- improve attitudes to parenting, family work and recreation

The desired minimum length of stay is 12 weeks.

All Palmerston's non-residential community based services offer the following core services:

- early intervention supporting individuals, families and the community to minimise drug use
- counselling and group work for people experiencing alcohol or other drug problems
- family support for those experiencing difficulties with a family member's drug use
- groups specifically designed for women, men, young people, parents or families
- education and training for other service providers, client groups, and the general community about preventing, avoiding or intervening in drug issues
- support and consultation to local communities and organisations such as, community groups, other service providers and private enterprise
- outreach counselling for youth affected by drug use

Previous advocacy to the Western Australian Parliament

In 2009, Palmerston Association prepared a submission and appeared before the Economics and Health Standing Committee during its Inquiry into the Adequacy and Appropriateness of Prevention and Treatment Services for Alcohol and Illicit Drug Problems in WA. Part of our submission at the hearing was to encourage discussion about the growing problem of alcohol and other drug use among older people.

The CEO of Palmerston made the following verbal submission during the public hearings about alcohol and the elderly:

"An area of concern which received little attention is problem drinking amongst elderly people. There are three types of elderly drinkers identified:

- i) *early onset drinkers or survivors - those people who have a continuing problem with alcohol which developed in earlier life*

- ii) *late onset drinkers who begin problem drinking later in life, often in response to traumatic life events eg. death of a partner, loneliness, pain*
- iii) *intermittent or binge drinkers”.*

Palmerston Association believes that little has changed over the last five years from a public policy perspective although further research is emerging on the impact of alcohol and drug use among older people.

Issues raised in research

Research indicates that there are two groups of older people who may develop or present with alcohol and other drug related problems. The first of these have typically used alcohol (in particular) for many years and the second are older people whose use has increased or commenced late in life, usually as a response to stressful life events e.g. the loss of loved ones, juggling of multiple roles, and retirement or other alterations in employment and income.

In addition, as the current generation of older people have a greater disposable income, are generally more healthy and grew up at a time when attitudes to alcohol and other drug use were more liberal, there is likely to be an increase in drug use amongst current and future cohorts of older West Australians.

Irrespective of why older people drink alcohol, the physiological changes that occur with ageing can increase sensitivity to the effects of drugs. Furthermore, the effects of drug use in older adults may be influenced by a myriad of age-related health conditions and medications —contingencies that are more problematic when patients hide their drug use or health professionals fail to investigate.

In an article published in *Social Work Today* (Jan/Feb 2012, Vol. 12 No. 1 P. 8, The Changing Face of Older Adult Substance Abuse) the following is stated:

“A surprising number of baby boomers are abusing drugs and alcohol into their older adult years. Asking about substance use is a necessary part of elder mental health assessment.”

With this shift in drug use trends comes increasing concern among primary health , social workers and other behavioural health professionals about how illicit drug use will affect elders’ physical and mental health and how this impacts upon the healthcare, mental health, and social services systems as the population ages.

In a study published in the *American Journal of Geriatric Psychiatry* (Arndt, Clayton, & Schultz, 2011), researchers analysed data, focusing on first-time substance abuse treatment admissions among adults aged 55 and older. The researchers found that hospital admissions in which users identified heroin or cocaine as a problem substance increased substantially between 1998 and 2008. Admissions related to marijuana increased as well but not as dramatically.

In the UK , a report from the Royal College of Psychiatrists was released in 2011 called “Our Invisible Addicts: First report of the older persons substance misuse” which made the following claim:

“Both alcohol and illicit drugs are among the top ten risk factors for mortality and morbidity in Europe (European Commission, 2006) and substance misuse by older people is now a growing public health problem. Between 2001 and 2031, there is projected to be a 50% increase in the number of older people in the UK (Office for National Statistics, 2004). The percentage of men and women drinking more than the weekly recommended limits has also risen, by 60% in men and 100% in women between 1990 and 2006 (NHS Information Centre, 2009a). Given the likely impact of these two factors on health and social care services, there is now a pressing need to address substance misuse in older people.”

Finally, the European Monitoring Centre for Drugs and Drug Addiction (2008) ¹, have concluded that the number of older people requiring treatment for drug use issues will more than double by 2020.

The need for further research into the link between alcohol use and older people has been reaffirmed in a recent study which will shortly appear in an online issue of the Health and Social Care in the Community Journal by Dare et al.

The authors write:

“The harms associated with risky alcohol consumption have long been researched and recognised in the health field. However, little available research has focused on older people or extended analysis of alcohol use by this segment of the population beyond a biomedical perspective. With the rapid ageing of the global population, research that investigates alcohol use among older people from a social perspective is important.”

The most comprehensive survey on alcohol and drug use is the National Drug Strategy Household Survey. The 2010 survey ² found that the age group most likely to drink daily were those aged 70 years and over for both males (18.4%) and females (12%), and that more than a quarter (27.9%) of males aged 60-69 years were drinking at levels that placed them at lifetime risk of harm. It will be important to observe the trends when the 2013 survey is released.

Despite the serious and damaging effects illicit drugs can have on older adults, recognising such drug use often is not easy. In fact, it can be more difficult than recognising use among younger users. Many signs of substance use among older adults, such as anxiety, memory loss, disorientation, bruises, falls, sleeping problems, and headaches, mirror symptoms of physical and mental health conditions that affect older people generally.

In addition, it may be more difficult to notice signs that the day to day functioning of older adults has been affected by substance use, especially if they become less engaged in society as a result of retirement, limited contact with family and shrinking social networks. Moreover, in our youth-obsessed culture older people tend to be ‘invisible’ to the broader community and signs of at-risk drinking may go unnoticed.

¹European Monitoring Centre for Drugs and Drug Addiction 2008. Substance use among older adults: a neglected problem. Lisbon: EMCDDA

² Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145.(p47) Canberra: AIHW.

A related challenge is that many assessment instruments used to diagnose substance use are designed for younger people and do not take the experience of older adults into account. For example, criteria for problematic substance use such as “a failure to fulfil major role obligations at work, school or home” may not apply to someone who is retired. The complexity is compounded by both the increased sensitivity to alcohol amongst older people and the concerns that even low levels of alcohol use can be problematic when used in conjunction with contraindicated medications.

Baby boomers

There is general concern that as the baby boomer cohort ages, there could be a significant increase in drug use among that cohort as they age and we have yet an inadequate response to this.

Dr Celia Wilkinson in her article “Ageing Australia: Facing the Future” in *Of Substance*, vol 7 no 3, 2009 stated:

“the ageing of the population is of such significance that provision for possible prevention and treatment strategies (for older people) must be considered now.”

Dr Wilkinson’s article makes the point that:

“the high levels of alcohol consumption among the present generation of baby boomers may lead to an increase in morbidity among future generations of older people”.

In an article reporting on the American national survey on drug use and health in September 2011, the following point underscores this concern:

“Despite the perception that illicit drug use is a behavioral health issue for adolescents and young adults, it is also a serious and growing concern for older adults. Research shows that illicit drug use is more common among the baby boom generation than previous cohorts, leading researchers to estimate that the number of older adults with a substance use disorder will double by 2020. Together these data highlight the importance of prevention and treatment efforts targeting older adults.”³

Palmerston Association therefore argues that a more comprehensive response is needed.

In a British Medical Journal article called Alcohol Use disorders in elderly people – redefining an age old problem in old age (BMJ. Sep 20, 2003; 327(7416): 664–66), the following observations are helpful in shaping an appropriate age friendly response to a very difficult social issue:

- alcohol use disorders in elderly people are common and are associated with notable health problems
- the ageing of populations worldwide means that the absolute number of older people with alcohol use disorders is on the increase
- alcohol use disorders in elderly people are under detected and misdiagnosed for various reasons

³ The NDSUH Report 1 September 2011, published by the Centre for Behaviour Health Statistics and Quality Substance Use and Mental Health Services Administration (SMHSA).

- they are associated with notable impairments in physical, social, psychological, and cognitive health
- recommended limits for intake, screening instruments, and diagnostic criteria must be redefined for elderly people

Developing an age appropriate response

The key messages from the 2011 report of the Royal College of Psychiatrists cited earlier are also helpful when considering the development of an age appropriate prevention and treatment response. They are:

- the proportion of older people in the population is increasing rapidly, as is the number of older people with substance use problems
- older people may show complex patterns and combinations of substance use (e.g. alcohol plus inappropriate use of prescribed medications)
- the standard diagnostic criteria for substance use disorders may not be applicable to older age groups
- older people with substance use problems have high levels of unmet need
- mortality rates linked to drug and alcohol use are higher in older people compared with younger people
- although alcohol use does decline with age, a significant number of older people consume alcohol at dangerous levels
- although illicit drug use is uncommon in the over-65 age group at present, there have already been significant increases in the over-40 age group. As this cohort ages we should anticipate a significant increase in the number of older people using illicit drugs
- older people use large amounts of prescription and over-the-counter medication and rates of misuse (both intentional and inadvertent) are high, particularly in older women
- high rates of mental health problems in older people (including a high prevalence of cognitive disorders) result in frequent, complex psychiatric comorbidity accompanying substance use disorders.
- in older people, the relationship between cognitive function and substance (particularly alcohol) use is complex, as is that between functional mental health problems (e.g. anxiety and depression) and substance use.
- older men are at greater risk of developing alcohol and illicit substance use problems than older women. However, older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medications
- physical health problems and the long-term prescription of medication (especially hypnotics and analgesics) are important factors in the development of substance misuse in older people
- psychiatric comorbidities of substance misuse are common in older people (including intoxication and delirium, withdrawal syndromes, anxiety, depression and cognitive changes/dementia)
- among older people, psychosocial factors (including bereavement, retirement, boredom, loneliness, homelessness and depression) are all associated with higher rates of alcohol use.

The Seniors Strategic Planning Framework does refer to the need for “ongoing education about the risks of... harmful levels of alcohol use” among older people. To this extent therefore the Framework recognises part of the problem. It is however short on describing what is already in place and more importantly does not answer the “where to from here” question posed throughout the Framework document.

Further action

Further action is required at a policy and research level, prevention, assessment and treatment as well as in the education and training of health and allied services personnel.

A synthesis of the above discussion points would suggest the following for further action:

- advocating for the inclusion of the issue of alcohol and other drug use among older people in more substantive and age appropriate ways, including the collection of age specific data and further research on the incidents and impact of drug and alcohol use among older people
- reviewing the guidelines on safe drinking limits for older people. Because of physiological and metabolic changes associated with ageing, the established ‘safe limits ‘may be too high for older people and the current recommendations to simply seek advice from health professional are inadequate
- it is essential that health and gerontological professionals have adequate knowledge of substance use disorders in older people; this includes being aware of associations with mental disorders and physical health problems, as well as vigilance over interactions between substances and both prescribed and over-the-counter medications
- promoting a stronger preventative health approach towards older patients by primary health care professionals such as general practitioners and community pharmacists
- clinical skills in the areas of screening, assessment and motivation to change substance using behaviours among older people, as well as delivering brief interventions and social interventions to reduce relapse within a harm reduction model should be core competencies for gerontology, health and allied health professionals
- improved attitudes to older people with substance misuse in areas such as addressing stigma, and social exclusion
- examining trends in the extent, nature and predictors of substance use problems in older people
- developing standardised age-appropriate assessment and outcome measures
- developing effective interventions for adults should be evaluated and innovative treatments for older people developed.

Sheila McHale
Chief Executive Officer
Palmerston Association Inc.