Alcohol, Other Drugs and Older People

1. Alcohol, Other Drugs and Older People overview

a. What is Alcohol, Other Drugs and Older People?

Alcohol, Other Drugs and Older People refers to a group of activities (e.g. awareness raising initiatives and education programs) that aim to prevent alcohol and other drug-related harms in older people.

This toolkit focuses on providing evidence-informed information around how:

- the ageing process impacts the body and makes it more prone to the debilitating effects of alcohol and other drugs
- medication may interact with alcohol and other drugs to cause unpleasant or dangerous side effects
- older people can be supported in their transition into retirement by building social connections that reduce their risk of experiencing alcohol and other drug-related harms.

b. Which target audience does this toolkit focus on?

The focus of this toolkit is on improving outcomes for older people. This resource is particularly useful for older people, or those working with, or otherwise encountering older people who are transitioning into retirement, or who are disadvantaged or isolated.

Older people are a priority target group of the Alcohol and Drug Foundation.

The term ‘older people’ can be defined in various ways. In Australia, the definition of an older person is accepted as the chronological age of 65 years, however the Alcohol and Drug Foundation defines older people as those aged 50 years and above. This is because the metabolic changes lessen our tolerance of alcohol from the age of 50 and also, people may be transitioning into retirement from this age.

Other commonly used terms for ‘older people’ include senior/s, aged, pensioner and retiree.

c. How does this toolkit help prevent alcohol and other drug-related issues?

Alcohol, Other Drugs and Older People activities help prevent alcohol and other drug-related issues by providing evidence-informed information and support to people as they get older and transition into retirement. Although older people are not as visible in their consumption of alcohol, Australian data indicates that they are more likely than younger people to consume alcohol on a daily basis.

Typically, older people have limited knowledge or tend to be sceptical about the harms of alcohol. Confusion about healthy drinking guidelines is common for example, which could in part be the result of the lack of information directed at older people.
Effective and age-specific information and support helps older people to take account of the effect of drinking on certain health conditions or medications, as well as possible harms associated with older people drinking. It also supports people as they transition into retirement.

d. How effective are activities aimed at older people?
By strengthening older peoples’ knowledge on the impact of ageing and their risk of experiencing alcohol and other drug-related harms, tailored alcohol and other drug-related activities can help this group to reassess any regular drinking they may be doing, and can be an effective way to improve a range of social and health outcomes including those that are closely related to alcohol and other drug-related issues: such as falls, motor vehicle accidents and suicide.5

Such activities help to create opportunities for social connection within the community and a sense of belonging, which are key factors that protect against the risk of alcohol and other drug harms.

2. Planning

a. Select an evidence-based activity
A critical early decision for your group is whether to link in with existing programs that provide social activities, healthcare information and support appropriate to older people in your community, or to develop your own activity.

We encourage Local Drug Action Teams to link with existing programs that have been shown to work.

A selection of existing programs is listed below:
- Lions, Rotary and Apex Clubs:
  Rotary Australia also have information on volunteer avenues.
  [rotaryaustralia.org.au](http://rotaryaustralia.org.au)
- Men’s Sheds, and Women’s Sheds:
  Men’s Sheds and Men’s Sheds are gender-specific community development organisations. They offer activities that promote social inclusion, upskilling and information sharing.
  Men’s Sheds are becoming a lot more popular, with more than 1,000 running across Australia.
  [mensshed.org](http://mensshed.org)
  Women’s Sheds aren’t currently as prominent as Men’s Sheds, though there are some good regional examples, such as Wangarang Women’s Shed.
  The Country Women’s Association provides volunteering and community building opportunities in urban, regional and remote areas.

You may find other programs through local health services, peak bodies and by drawing on local knowledge and networks. There may be a number of existing programs already in place in your community that you can support and build on.

Existing programs may have an alcohol and other drug focus, or possibly a different overall focus such as preventing falls in the elderly, promoting appropriate use of medicines, or enhancing mental wellbeing. Be mindful to look outside the alcohol and other drug sector, as programs that target older people may be working towards other health and social outcomes.

Review Section 2d: Determine resources required and Section 3: Map your steps for insight into what is required when developing new approaches.

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Due to the limited number of quality programs available, and the need for tailored approaches, many Local Drug Action Teams (LDATs) will work with community organisations to develop and deliver a targeted activity for their community.

b. Set your objectives

Setting objectives for your activity is an important part of the planning process.

Some example objectives for Alcohol, Other Drugs and Older People are provided below. Groups can develop their own objectives, although you may find these a useful starting point.

Over the next six months, work with [Insert number] key partners of the [insert name] community to:

- Increase awareness of the NHMRC Guidelines amongst [Insert number] older people in [insert name] community
- Increase [Insert number] community organisations’ knowledge of the impacts and effects of alcohol and other drugs on the ageing body
- Increase [Insert number] community organisations’ participation in [Insert number] actions [local promotional initiative, information stalls, local media] to increase awareness of impacts and effects of alcohol and other drugs on the ageing body amongst older people
- Deliver [Insert number] activities that promote participation and social connection amongst [Insert number] older people in [insert name] community
- Link [Insert number] community organisations to existing education programs/expert guest speakers/accurate information/upskilling activities/social networking opportunities, to enable the delivery of activity for [Insert number] older adults.

- Conduct [insert name] to facilitate collaboration between community organisation [insert name] and [insert name] to promote accurate information/build supportive and inclusive healthcare systems/ create a supportive culture/create stronger community referral networks for older people.

For more information on how to formulate SMART objectives see the ‘Set Your Objectives’ page on our website: community.adf.org.au/plan/developing-community-action-plan/set-your-objectives/

c. Working with community partners

Strong partnerships are critical to your success in preventing alcohol and other drug-related harms in the community.

Local Drug Action Teams will work with a variety of different community partners to deliver Alcohol, Other Drugs and Older People activities. This could include health services, Lions Clubs, local councils, and other organisations that work directly with older people.

Partners can support your action in many different ways, including providing resources and venues for activities, hosting and promoting events, and providing opportunities for volunteering and social engagement, financial support, and much more.

Your specific approach to working with older people in the community may influence the type of individuals, networks and organisations that your group partners with.
Partners may include:
- Primary health services (e.g. general practitioners, pharmacists, dentists)
- Community health centres and neighbourhood houses
- Health services and hospitals
- Local council/s
- Age-specific care providers (e.g. retirement villages, aged care facilities, home-based care providers)
- Social services (e.g. welfare or housing services)
- Libraries
- Local social venues (e.g. RSLs, bowls clubs)
- The Department of Veteran Affairs
- Community leaders (e.g. faith leaders, sporting coaches)
- Psychological and mental wellbeing services (e.g. psychologists, psychiatrists, councillors, etc.).

Useful resources

d. Determine resources required
All alcohol and other drug activities need to be adequately resourced. Below is an indicative list of resources required for community organisations to deliver Alcohol, Other Drugs and Older People activities. Local Drug Action Teams may be able to provide some of these resources, or work with partners who can provide additional support.

This is not an exhaustive list and your LDAT should be mindful that the resources required will be largely influenced by the action taken by your team.

Resources
- Basic administrative tools incl. access to stationery and office supplies, printers, phones, and a workspace for administrative duties
- Venue/s for meetings. In-kind use of meeting rooms from a partner organisation, library, or local council may be possible. It is not appropriate for meetings to be held in people’s homes or private venues
- Funds to provide catering at events and meetings. This might include basic refreshments available before and/or after the event are often sufficient (e.g. tea, coffee, water, biscuits)
- Knowledge and resources, as well as possible funds to deliver training of staff
- Allocating time to liaise with community organisations (e.g. attend meetings, provide advice etc.)
- Insurance and liability coverage (where appropriate)
- Funds for additional activities (e.g. delivering an awareness initiative, or running a networking event).

e. Consider measures of success
While you are planning your activity, it is important to consider measures of success for your activity. Determine how you will evaluate the success of your activity linking your success measures to your objectives (see Section 4: Measure your success).
3. Map your steps

Activity may include some or all steps below, depending on the capacity of the LDAT and partner community organisations.

The key steps involved in delivering Alcohol, Other Drugs and Older People activities are provided below as a useful starting point for developing your activity and informing your approach.

These steps provide an indicative guide; it is important to tailor your approach to your local community.

LDATs may be responsible for delivering activities if they have the appropriate expertise. Alternatively, they can work with their partners and communities to support the delivery of these activities. This might include:

- Engaging with community organisations to raise awareness about alcohol and other drug-related risks for older people and to motivate them to take action
- Providing evidence and data on alcohol and other drug-related harms for older people
- Linking with community organisations to quality programs and services
- Promoting collaboration between community organisations.

A critical role for LDATs is to engage with their community to put alcohol and other drug-related issues on the public agenda and to motivate them to take action.

Tips for engaging the community:

- Identify community organisations that you may partner with. See Section 2c: Working with community partners.
- Identify key contacts and/or gatekeepers. Find someone in the organisation you’re targeting who can act as a champion and invest time into this activity. A champion may be in leadership role, have an influential personality or be a proactive person who is passionate about preventing alcohol and other drug-related harms. For example, key contacts may include local doctors or council staff. Meet face-to-face if you can, rather than just sending out information via email.

a. Engaging the community

Engage the community to get alcohol, other drugs and older people on the agenda by:

i. Identifying relevant community organisation who have access to older people in your community
ii. Establish key contacts/gatekeepers within those organisations to champion the issue within the organisation
iii. Provide your community organisations with information about the evidence on alcohol, other drugs and older people
iv. Establish ‘what’s in it’ for the community organisation
v. Ensure consistency of information being provided by community organisations on alcohol, other drugs and older people by addressing any sensitivities or misinformation that exists within the organisation.
When discussing alcohol and other drug use in older people, provide evidence on why older people are at risk from alcohol and other drug-related harms. Outline how supporting older people to prevent alcohol and other drug-related harms can help them live longer and healthier lives – and how this is beneficial not just for older people, but for the wider community, and how it aligns with the core business and values of the community organisations that you’re speaking to.

Answer the question: “What’s in it for me?” Finding the hook for people will lift their engagement and boost the sustainability of your LDAT’s activity. Understand the motivations of those you’re speaking to. For example, are they motivated to deliver alcohol and other drug-related activities due to existing problems, and what are these (e.g. high risk of medication interactions, high levels of mental health issues in this age demographic)?

Be aware of the sensitive nature and complexity of the topic. The task of reducing alcohol use can be challenging in a community where alcohol and socialising go hand-in-hand and varied ‘expert’ and anecdotal information can place pressure on older people. Refer to Section 2a: Select an evidence-based activity.

Useful resources
The Alcohol and Drug Foundation’s Building Successful Local Drug Action Teams: A Practical Guide. See Part 2: Community consultation

b. Providing evidence on alcohol and other drug-related harms for older people

Providing older people in your community with quality information and resources on alcohol and other drugs by:

i. Establishing reputable sources of evidence and data on the impacts and effects of alcohol and other drugs on the ageing body

ii. Working with your established community organisations to determine courses of action to raise awareness of the impacts and effects of alcohol and other drugs on the ageing body e.g. at community events, via local media, and existing networks.

There is a lack of readily available information for older people about the impacts and effects of alcohol and other drugs on the ageing body, and existing information can be conflicting or misinformed. Some research indicates that drinking small amounts daily or regularly improves heart health in middle-aged and older people, but that conclusion is challenged by public health oriented researchers who believe that research is flawed. Nevertheless, this has created a ‘health benefits of alcohol’ bias that is prominent in this age group. Hence, older people have limited knowledge and can be sceptical about the harms of alcohol.

Confusion about healthy drinking guidelines is common. LDATs can counter this through the provision of resources to community organisations. This includes providing evidence and data on the risks that older people face when they consume alcohol and other drugs.

LDATs can help to combat the mixed messages people may hear in the media and in social circles; this can help counter misinformation.

Providing clear, evidence-informed facts on the impacts and effects of alcohol and other drug use for older people is important. Table 1 provides an overview of the evidence including the key issues and facts. Links to more detailed information is provided throughout.

### Table 1: Evidence on alcohol and older people

<table>
<thead>
<tr>
<th>Key issues</th>
<th>Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHMRC guidelines</strong></td>
<td>Information should be aligned with the National Health and Medical Research Council’s Australian Guidelines to Reduce Health Risks from Drinking Alcohol available at: nhmrc.gov.au/health-topics/alcohol-guidelines. The current NHMRC Australian guidelines ‘to reduce health risks from drinking alcohol’ do not provide a limit on daily or weekly consumption of alcohol for older people. Instead, it advises older adults to consult their health practitioner to discuss the most appropriate level of alcohol consumption for them. It suggests they take account of the effect drinking has on certain health conditions and medications, as well as the possible harms associated with older people drinking.</td>
</tr>
</tbody>
</table>
| **Alcohol and other drug-related harms for older people** | Older people are at an increased risk of:  
- Higher intoxication at lower amounts of alcohol  
- All types of accidents, especially falls  
- Motor vehicle accidents  
- Suicide  
- Impaired bone regeneration and regrowth after a fracture  
- Alcohol dependency  
- Unpleasant or dangerous side effects from interactions from medication  
- Adverse impact on existing health conditions. |
| **Alcohol use in older people** | Older people are living longer, and often experience increased health conditions and increased use of over-the-counter (OTC) and prescription medication as they age. Older people are more likely to consume alcohol daily than younger people. |
| **Factors that contribute to alcohol and other drug consumption among older people** | Substantial work is required to improve our understanding of older people’s use of alcohol – including the role of cultural differences. For many older people, drinking is an important and enjoyable part of a social life. Other factors that contribute to alcohol and other drug consumption at this age may include:  
- Lack of knowledge about how the effects of alcohol can change with age  
- Lack of understanding about the interaction between alcohol and other drugs and medication  
- High levels of mental health issues  
- Social isolation and reduced social opportunities  
- Having a partner or friend who drinks  
- Living in a family or community tolerant of heavy drinking  
- Financial stress  
- Other stresses including loneliness which may result in self-medicating  
- Alcohol and other drug dependency. |

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### Older people and alcohol: key issues

<table>
<thead>
<tr>
<th>The ageing process and metabolic changes</th>
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</thead>
<tbody>
<tr>
<td>As people age, their metabolism slows and their tolerance of alcohol lessens. This can lead to alcohol having a more potent effect on an older person compared to a younger person who consumes the same amount of alcohol. When alcohol is absorbed, it is distributed throughout the body’s total water content. As the volume of total body water decreases with age, a given amount of alcohol produces a higher blood alcohol concentration (BAC) and intoxication at lower amounts of alcohol (possibly from just one or two standard drinks). This effect is relevant to people over about 70 years, although there is considerable variation from person to person.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
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<tbody>
<tr>
<td>Older people often take regular medication, which may interact with alcohol to cause unpleasant or dangerous side effects. The risk is considerably greater when a number of medications are involved. People may be unaware of the interactions between medication and alcohol. See the Australian Government’s Department of Health Quality Use of Medicines information <a href="http://health.gov.au/internet/main/publishing.nsf/content/npq-quality.htm">health.gov.au/internet/main/publishing.nsf/content/npq-quality.htm</a> Preventing and reducing alcohol – and other drug related harm among older people: A practical guide for health and welfare professionals. <a href="http://nceta.flinders.edu.au/files/4614/4892/9660/EN605.pdf">nceta.flinders.edu.au/files/4614/4892/9660/EN605.pdf</a></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Retirement</th>
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</thead>
<tbody>
<tr>
<td>Retirement can also be a time of increased financial vulnerability, decreased social activity and loneliness. People may respond by taking substances and may also begin to self-medicate at this time; especially if health issues are causing pain, discomfort or insomnia.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social connection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation is a risk factor relating to the development of alcohol and other drug issues. Promoting social connections, including good relationships with others and a sense of belonging to the community can protect older people against alcohol and other drug-related harms.</td>
</tr>
</tbody>
</table>

LDATs can distribute information to older people and community partners in a number of ways. This could include:

- Community events (e.g. retirement village open day, community festival)
- Local media (e.g. local paper, radio station)
- Through new or existing partnerships and networks (e.g. inclusion in partner newsletters, speaker at RSL event).

Useful resources:


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c. Increase community participation and social connection

Increase community participation and social connection by:

i. Working with your community organisation partners to plan a range of activities to increase participation and social connection

ii. Establishing sources of quality information on the impacts and effects of alcohol and other drugs on the ageing body to promote your activities

iii. Developing a series of promotional activities to raise awareness of impacts and effects of alcohol and other drugs on the ageing body

iv. Using local media to promote healthy activities and services for older people

v. Connecting older people to counselling services and relevant helplines.

Examples of action that could increase community participation and social connection include:

- Offering activities for older people that provide opportunities to meet and connect with peers
- Assisting newcomers to a town or suburb so they feel part of the community
- Providing information stalls in shopping centres to inform people of health problems and how they can take action to reduce risks to their health
- Using local media to promote healthy activities and services, so they can benefit more people
- Bringing counselling services to the local area or promoting telephone helplines.

d. Linking community organisations to quality programs and services

Link community organisations to quality programs and services by:

i. Working with the community organisation to select an appropriate existing quality alcohol, other drugs and older people activities to deliver

ii. Engaging an expert guest speaker to assist with the delivery of an activity for older people

iii. Establishing accurate sources of information for older people to support your activity

iv. Working with the community organisation to plan upskilling, and social and networking opportunities for older people

v. Working with the community organisation to promote relevant health care services, such as mental health services.

LDATs have a critical role in increasing participation and social connection for older people.

LDATs might provide opportunities for participation and social connection directly, or working with partners to promote external opportunities.

Consider action to increase social networks (e.g. run networking events, increase membership of local groups), build social connection through arts participation, promote civic engagement and volunteering, increase people’s sense of belonging, and promote a culture where people socially support one another to engage in low-risk drinking practices.

A key role of Local Drug Action Teams is to link communities to quality alcohol and other drug programs. These may include:

- Existing education programs
- Expert guest speakers, sourced from local networks or peak bodies
- Accurate information and materials, such as the NHMRC guidelines
- Upskilling opportunities for older people
- Social and networking opportunities for older people
- Healthcare services, such as mental health services.
LDATs can also provide advice and support to help community organisations determine a course of action for delivering quality alcohol and other drug programs, such as awareness raising initiatives about increased alcohol and other drug risk in older age.

**Useful resources**
The Alcohol and Drug Foundation’s *Building Successful Local Drug Action Teams: A Practical Guide. See Part 1: Identifying alcohol and drug issues*

**e. Promoting collaboration between community organisations**

Promote collaboration between community organisations to:

i. Deliver community-wide awareness raising initiatives and education activities on alcohol, other drugs and older people
ii. Build supportive and inclusive healthcare services
iii. Create a supportive culture
iv. Create strong community referral networks.

LDATs have a key role in facilitating productive partnerships in the community. Collaboration between community organisations may focus on:

- Delivering community-wide awareness raising initiatives and education programs
- Building supportive and inclusive healthcare services to reduce stigma and increase health seeking behaviour (facilitating safe and supportive healthcare services is a key goal in making people feel comfortable and confident enough to seek treatment and support)
- Helping to create a culture where the age-specific harm associated with alcohol and other drug consumption is recognised
- Creating strong community referral networks (this might include working with healthcare service providers to facilitate referral pathways for people experiencing mental health issues, and those who need more specific alcohol and other drug treatment).

See Section 2c: Working with community partners for further guidance on engaging with community partners.

**Useful resources**
The Alcohol and Drug Foundation’s *Building Successful Local Drug Action Teams: A Practical Guide. See Part 3: Working with community partners*

**f. Measuring success and reporting**

Measure the success of your Alcohol, Other Drugs and Older People activity:

i. Collect measures of success with the community organisations you are engaging with, as well as the older people you have been reaching with your alcohol, other drugs and older people activity. Consider doing follow-up with both the community organisations you are engaging with as well as the older people you have been reaching to track their progress
ii. Report on your success, acquit your funds and consider other things you can do to support older people in your community (see Section 5: Next steps).
4. Measure your success

Some example measures of success and tools to measure them are provided below. You may find these a useful starting point for measuring the success of your activity.

**Table 1: Measuring success**

<table>
<thead>
<tr>
<th>Process measures</th>
<th>Impact measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage with (insert number) community organisations over the first three-months</td>
<td>As a result of the awareness raising activity or completing the upskilling activity/participation and social connection activity:</td>
</tr>
<tr>
<td>of the alcohol, other drugs and older people activity to assist in establishing</td>
<td>1. (insert number) older people will be aware of the NHMRC Drinking Guidelines</td>
</tr>
<tr>
<td>access to older people to participate in your awareness raising activity/</td>
<td>2. (insert number) older people will demonstrate an increase in awareness of the impacts and effects of alcohol and other drugs on the ageing body</td>
</tr>
<tr>
<td>upskilling activity/participation and social connection activity</td>
<td>3. (insert number) adults will report increased participation and feelings of social connection within (insert name) community.</td>
</tr>
<tr>
<td>Work with (insert number) community organisations to deliver awareness raising</td>
<td></td>
</tr>
<tr>
<td>activities/upskilling activity/participation and social connection activity</td>
<td></td>
</tr>
<tr>
<td>targeting older people</td>
<td></td>
</tr>
<tr>
<td>(insert number) older people participating in (insert number) awareness raising</td>
<td></td>
</tr>
<tr>
<td>activities/upskilling activity/participation and social connection activity</td>
<td></td>
</tr>
<tr>
<td>targeting older people</td>
<td></td>
</tr>
<tr>
<td>Post awareness raising activity/upskilling activity/participation and social</td>
<td></td>
</tr>
<tr>
<td>connection activity on alcohol, other drugs and older people: (survey completed</td>
<td></td>
</tr>
<tr>
<td>by target audience or participants pre/post activity/training).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Short-term impacts awareness raising activity/upskilling activity/participation and social connection activity on alcohol, other drugs and older people (one month after):</td>
</tr>
<tr>
<td></td>
<td>1. As a result of completing the awareness raising activity, (insert number) participants will continue to demonstrate an increase in knowledge of impacts and effects of alcohol and other drugs on the ageing body</td>
</tr>
<tr>
<td></td>
<td>2. As a result of completing the upskilling activity/participation and social connection activity, (insert number) participants report ongoing engagement in the participation activity and stronger feelings of social connection within (insert name) community.</td>
</tr>
<tr>
<td></td>
<td>Longer-term impacts of alcohol and older people training or information session (six months after completing the activity):</td>
</tr>
<tr>
<td></td>
<td>1. As a result of completing the awareness raising activity, (insert number) participants will further develop their knowledge of the impacts and effects of alcohol and other drugs on the ageing body</td>
</tr>
<tr>
<td></td>
<td>2. As a result of completing the upskilling activity/participation and social connection activity, (insert number) participants report further engagement in the participation activities and stronger feelings of social connection within (insert name) community.</td>
</tr>
</tbody>
</table>

**Tools to measure success**

- Feedback sheets or questionnaires (both pre- and post- is preferable)
- Interviews
- Surveys
- Verbal feedback from participants, facilitators
- Notes taken by a dedicated note taker
- Document analysis (e.g. tracking and monitoring the number of resources distributed)
- Focus groups (e.g. with healthcare and service providers)
- Partnerships analysis
- Local population health data (e.g. community survey data).
5. Next steps

Other things you can do to support older people in your community:

1. Work with your community partners to further connect and strengthen your community: see Strong and Connected Communities toolkit

2. Work with your community partners to deliver a volunteering activity: see Involving Volunteers toolkit

3. Participate in a community liquor licensing activity: see Community Participation in Liquor Licensing toolkit for WA, SA, ACT, and QLD.

6. More information

The Alcohol and Drug Foundation
community.adf.org.au

The National Health and Medical Research Council’s Australian Guidelines to Reduce Health Risks from Drinking Alcohol
nhmrc.gov.au/health-topics/alcohol-guidelines

National Seniors
nationalseniors.com.au

Senior Services Guide
seniorservicesguide.com.au

Australian Government, Department of Social Services
dss.gov.au

Australian Government, Department of Health’s Quality Use of Medicines