

Correspondence

Alcohol and drug misuse in the elderly

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In the September 2010 issue, Sellman *et al.* discussed strategies to reduce alcohol-related problems among adolescents [1]. In the same issue, Ryan *et al.* provided an overview of parenting strategies that effectively influence adolescent drinking patterns [2]. While it is critical that strategies to reduce youth substance misuse are acted upon, it is essential that policymakers do not ignore the impact of alcohol and drug problems among older people.

Currently, there is limited data available on alcohol and drug trends among the elderly, and little evidence on the most effective treatment approaches for this age group. We recently undertook a project to gain a better understanding of these issues among older people in the Australian state of Victoria. Using data from the 2007 National Household Drug Strategy Survey, we identified that those aged over 65 years were more likely than other Victorians to consume alcohol daily (15% of people aged >65 years compared with 4% of people aged <50), but not at levels that may result in short-term harm. However, analysis of Victorian ambulance attendance data from 2004 to 2008 revealed that there had been an increase in the rate of ambulance attendance for alcohol intoxication for people aged over 65 years (from a median rate of 3.3 individuals per 10 000 in 2004 to 8.2 per 10 000 in 2008). Analysis of Victorian hospital admissions data over the same period also revealed an increase in the number and rate of alcohol-related admissions for people aged over 65 (from 4189 in 2004 to 5193 in 2008; from a median rate of 64.5 individuals per 10 000 in 2004 to 73.9 per 10 000 in 2008). Ambulance attendance data also identified that a sizeable minority of older people are misusing benzodiazepines (22% of 2966 attendances from 2004 to 2008) and pain medication (14% of attendances from 2004 to 2008), although hospital admissions data indicate that only around 1% of admissions are related to drugs other than alcohol or tobacco. However,

previous research has found that older people are likely to significantly under report their substance use [3], suggesting that there may be major problems in this age group that we are not identifying or capturing through currently available datasets.

Experts suggest that levels of alcohol consumption identified as safe for the average adult may constitute higher risk for older people [4]. This higher level of risk relates to a decreased ability to metabolize alcohol and other drugs [4], as well as higher rates of other morbidities and associated multiple prescriptions. However, studies examining what safe levels of drinking are for older people who are taking prescription and/or over the counter medications are yet to be conducted. There is also a gap in our understanding of the reasons why older people misuse alcohol or other drugs. What are the cultural habits and meanings associated with alcohol and drug use in older people? Are they self-medicating to deal with underlying mental health concerns or social isolation? Do older people change the way they interact with and consume drugs and alcohol as they age? Where are they likely to seek help for problematic use? There are many unanswered questions about alcohol and drug use in this vulnerable, forgotten population. It's time to start talking about it.

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