



Alcohol, Other Drugs and Older Adults Toolkit.

The following toolkit provides an overview of evidence-informed approaches to Alcohol, Other Drugs and Older Adults, to help prevent and reduce alcohol and other drug (AOD) harms in your community.

1. Alcohol, Other Drugs and Older Adults overview – key points for LDATs

- Alcohol, Other Drugs (AOD) and Older Adults 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 adults.
- Although the content of this toolkit is more focused on adults in the retirement age, it can still be targeted at adults from the age of 50.¹⁻³
- Research indicates that some older adults are unaware of the risks of alcohol consumption and have limited knowledge of risky drug interactions with prescription medications that can affect their health.^{4,5}
- LDATs can educate older adults on the health risks associated with AOD use as people age, and link them to programs that can support their mental health and well-being.

Table 1: Factors that protect against AOD and factors that increase risk of AOD in older adults^{4,6-8}

Protective factors	Risk factors
<ul style="list-style-type: none">• Participation in volunteering programs to build belonging and purpose• Participation in activities and new, positive relationships• Involvement in recreational activities• Knowledge of harms/health beliefs that support healthy AOD use via the provision of information on drinking guidelines and the effects on medication	<ul style="list-style-type: none">• Mental health• Unemployment• Isolation (geographical and social)• Family violence/relationships• Availability and accessibility of AOD in the community• Life transition (retirement)• Poor pain management• Elder abuse• Declining health• Bereavement

1.1 Drawing on existing programs

A number of programs have been shown to be effective in improving wellbeing outcomes for older adults. Although these are not formalised programs with obvious points of contact, the key concepts underpinning them should be simple enough for LDATs to adapt and implement.

A guide to
icons used
in this
toolkit

Strength of evidence

The coloured stars show how strong the evidence is for each program/activity and the potential benefit to your community.



Strong



Good



Fair



Little



Promising

Cost, resources and expertise required

The coloured figures indicate how simple, or difficult, it is for LDATs to deliver each program in your community.



Less



More



More

Peer Support – Circle of Friends ★👤

A group of people who lack social relationships are brought together regularly with a facilitator to share leisure time activities with a view of meeting people and developing friendships.⁹

<https://vtkl.fi/toiminta/ystavapiiri/circle-of-friends>

Peer Support – Peer Companionship ★👤

An older adult is matched with a peer who can help the older adult in various ways including visiting, sharing recreational time or assisting with household tasks.¹⁰

<https://amavic.com.au/assistance-for-doctors/Support-Programs/peer-visitor-program>

Act, Belong, Commit ★👤

Evidence-based health promotion campaign designed to encourage people to take action to improve and protect their mental health and wellbeing. <https://www.actbelongcommit.org.au/my-mental-health/seniors/>

Mindfulness with Meditation Programs ★👤

Mindfulness programs assist people to reflect on their personal experiences through meditation and psychoeducation to bring about feelings of self-awareness.¹¹ Many programs will encourage the participant to quieten their mind and to accept their thoughts and emotions.¹¹ Your LDAT may want to start with the following links to access information about mindfulness as a practice, and to find professionals who offer mindfulness facilitation in your area.

- Information about mindfulness, and free online resources: <https://www.actmindfully.com.au/>
- Websites that list registered psychologists who may have training in facilitating mindfulness practice: <https://psychology.org.au/> or <https://www.ahpra.gov.au/>

1.2 Guiding principles

The simplest way for LDATs to help reduce substance-related harm among older adults is to help improve their understanding of the major risks associated with alcohol and prescribed pharmaceutical drugs. This can be done by sharing quality information and resources.

Research shows that some older adults who are unaware of these risks say they would listen to their physician.⁴ When delivering information, it might therefore be useful to use or quote local primary health practitioners, or quote respected medical authorities such as the [Australian Medical Association \(AMA\)](#).

(a) Information around alcohol might include:

- acknowledgment that alcohol is often a big part of life for a lot of older adults
- the effects of alcohol on the older body and aging brain (i.e. lower tolerance and higher Blood Alcohol Content (BAC) and risk of intoxication and drink driving)
- risk of cancer, cardiovascular and other diseases – including brain diseases such as Parkinson's Disease and dementia
- what a low-risk level of drinking looks like – as per the [National Health and Medical Research Council \(NHMRC\) Australian guidelines to reduce health risks from drinking alcohol](#)
- risk of mixing alcohol with certain pharmaceuticals, with specific relevance to older adults – e.g. falls, overdose
- tips for managing alcohol consumption
- emphasise that this information is based on medical advice, not moral advice.^{14,12-14}

(b) Information around pharmaceutical drugs might include:

- acknowledgement of the positive effects of prescribed medication
- importance of talking with primary health care professionals about the effects and risks of prescribed medication
- risks of mixing prescribed medications with alcohol, e.g. intoxication, driving, falls, etc.
- tips for avoiding drinking alcohol when taking medication
- emphasise this is based on medical advice, not moral advice.^{5,15-19}

(c) Peer support information:

As per section 1.1 above, LDATs can also promote peer support programs for older adults. Peer support can help with isolation and loneliness, which can affect older adults' quality of life, negatively affect their mental and physical health, and increase the risk of anxiety and depression, as well as problems with alcohol and pharmaceutical drugs.

Evidence for the importance of helping isolated or lonely people to maintain or regain regular social contact is strong.^{9,20,21} LDATs could develop, or support, community-based preventative activities for older adults who would benefit from greater social contact or involvement. Your local community health centre or council may have existing peer based/isolation prevention programs in place, so make sure to check when preparing to work in this area.

1.3 Considerations for planning and delivery

Attention to **how** a program is delivered or implemented is just as important as **what** is delivered, when it comes to your project's outcomes.

Implementation considerations for Alcohol, Other Drugs and Older Adults programs

The 5Ws

Being clear about what you want to do and the outcomes you want to achieve will support your LDAT to deliver AOD and Older Adults programs in your community in a safe and effective way, as well as track your success as you go. Consider the 5 Ws:

- **What** do you want to happen? (activity)
- **Who** will it happen with? (direct audience)
- **Why** will it happen? (outcome – e.g. improving an identified gap for that audience)
- **When** will it occur? (time frame – e.g. over 6 months)
- **Where** will it occur? (location).

Measuring success

Once you know what outcomes you want to achieve you need to measure the success of your activities so that you know how effective they are. Do this by evaluating your activities using process and impact measures.

- **Process measures:** these relate to how your activity is being delivered. In other words, they help you to monitor if the implementation of your activity went according to plan, e.g. did you reach the targeted number of attendees at your event? Did you run the targeted number of workshops that you originally planned?
- **Impact measures:** these relate to the short-term difference your activity has made on the community. Impact measures seek to increase protective factors, decrease risk factors, or change how people think about AOD harms, e.g. did people report having more knowledge of AOD harms after attending your event? Did people report feeling more connected to their community after participating in your workshop?

Working with community partners

LDATs can work with a variety of different community partners to deliver AOD and Older Adults activities, including:

- primary health services (e.g. general practitioners, pharmacists, dentists) and hospitals
- community health centres and Neighbourhood Houses
- 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 Veterans' Affairs
- community leaders (e.g. faith leaders, sporting coaches)
- psychological and mental wellbeing services (e.g. psychologists, psychiatrists, counsellors, etc.).

Partners can support your action by:

- providing resources and venues for activities
- hosting and promoting events
- providing opportunities for volunteering and social engagement, potentially via existing programs for older adults
- financial support.

For further information see: <https://community.adf.org.au/run-activities/partnerships/>

Resources required

Below is an indication of the type of resources required to deliver AOD and Older Adults:

- basic administrative tools, including access to stationery and office supplies
- venue/s for meetings – ones that have suitable access for people with a disability
- catering for events and meetings
- resources on AOD and older adults to inform content (see section 3.2)
- allocating time to liaise with community organisations (e.g. attend meetings, provide advice, etc.)
- insurance and liability coverage (where appropriate)
- additional activities (e.g. delivering an awareness initiative, or running a networking event).

Your LDAT may choose to consider allocating some of your Community Action Plan grant money towards some of these resources (where money is required).



Recruiting participants

If you wish to implement any of the programs listed in section 1.1, you'll need to consider a reliable method of identifying older adults who meet the participation criteria. Strategies could include:

- referral, e.g. by local GPs
- promotion through print media, flyers, online advertisements, and infomercials
- inviting people who want more social contact to volunteer
- asking families and community members to encourage those they think would benefit to volunteer, or they could nominate potential beneficiaries
- approaching community organisations to nominate people, such as Neighbourhood Houses, local councils, community health centres and age-specific care providers.²¹

2. Delivering AOD and Older Adults: key activities and measuring success

The below section outlines key activities associated with delivering and evaluating activities relating to Alcohol, Other Drugs and Older Adults.

You will need to deliver at least one of these activities and evaluate it using process and impact measures (see 1.3 Considerations for planning and delivery, above). This will allow you to determine whether or not your LDAT has achieved your intended outcomes. You can also tailor your approach by adding additional activities that suit your community's needs and evaluating them using additional process and impact measures.

Key activities for delivering and evaluating AOD and Older Adults are:

- **Training or workshops**

An event that is held for the specific purpose of training community members in a new skill set, and/or delivering a structured presentation aimed at increasing knowledge about risk and/or protective factors associated with an AOD health issue.

- **Campaigns or awareness raising activities**

A coordinated series of targeted messages delivered across one or more platforms (e.g. social media, pamphlets, radio commercials, etc.) that are aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

- **Events or forums**

One or more planned occasions where community members and/or relevant stakeholders come together, either face-to-face or virtually, to share ideas, learn new information, and connect with one another over ideas or activities aimed at minimising risk factors and/or increasing protective factors associated with AOD use.

Evaluation is a critical component of delivering your program and needs to be factored in at every stage of planning and delivery. You'll find more detailed information on effective evaluation measures in our essential guide for LDATs: [Evaluation Measures Guide](#). Your LDAT will also be guided to select appropriate process and impact measures when you're developing your Community Action Plan (CAP) online.

3. Delivering Alcohol, Other Drugs and Older Adults: key steps

The key steps involved in delivering AOD and Older Adults are provided below as a useful starting point for developing your Community Action Plan activity. Note: these steps are an indicative guide only and it's important to tailor your approach to your local community.

Step 1: Engaging the community

Engage the community to get Alcohol, Other Drugs and Older Adults on the agenda.

- Identify community organisations that you may partner with (see section 1.3 above) and find someone in the organisation who can act as a champion and invest time into this activity. A champion may be in a leadership role, have an influential personality or be a proactive person who is passionate about preventing alcohol and other drug-related harms.
- When discussing alcohol and other drug use in older adults, provide evidence on why older adults are at risk from alcohol and other drug-related harms. Outline how supporting older adults to prevent AOD harms can help them live longer and healthier lives – and how this is beneficial not just for older adults, but for the wider community. Explain how it aligns with the core business and values of the community organisations that you're speaking to.
- 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.

For further information see: <https://community.adf.org.au/get-started/community-consultation/>

Step 2: Providing evidence on alcohol and other drug-related harms for older adults

Older adults who use AOD are at an increased risk of:

- higher intoxication at lower amounts of alcohol
- all types of accidents, especially falls
- motor vehicle accidents
- 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, including impacts on the brain.^{7,22}

As per section 1.2 above, you can distribute information to older adults and community partners on the risks associated with AOD use in a number of different ways. This includes:

- community events (e.g. retirement village open days, community festivals)
- social gatherings or social outings that occur on a regular basis, such as a weekly morning tea
- 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).



The following resources may help inform your content:

Topic Area	Resource
Drugs and their effects	<ul style="list-style-type: none">• Drug Facts - Alcohol and Drug Foundation (adf.org.au)
Safer drinking and use of medicines	<ul style="list-style-type: none">• Alcohol NHMRC• Safe use of medicines Australian Government Department of Health and Aged Care• Accidental prescription medicine overdose – understanding the risks - Alcohol and Drug Foundation (adf.org.au)
AOD and Older Adults information	<ul style="list-style-type: none">• Preventing and Reducing Alcohol and Other Drug Related Harm Among Older People – a practical guide for health and welfare professionals• Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design PLOS ONE• Alcohol and Older Australians• Alcohol and other drug use among older Australians - Alcohol and Drug Foundation (adf.org.au)

Step 3: Increasing community participation and social connection

Actions that could increase community participation and social connection include:

- offering activities for older adults 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
- helping to create a culture where the age-specific harm associated with alcohol and other drug use is recognised
- emphasising the importance of peer support and wellness and mindfulness programs (see section 1.1 above) and facilitating access to such programs. Your local community health centre or council may have existing peer based/ isolation prevention programs. LDATs may also choose to adapt and deliver your own versions of these programs.

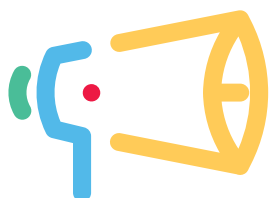
Your LDAT may also consider linking to community organisations which already host quality programs and services for older adults, such as:

- existing education programs
- expert guest speakers, sourced from local networks or peak bodies
- accurate information and materials, such as the NHMRC drinking guidelines
- upskilling opportunities for older adults
- social and networking opportunities for older adults
- health care services, such as mental health services
- social and emotional wellbeing centres
- counselling services and relevant helplines.

Step 4: Promoting collaboration between community organisations

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 (for example, an aspect of education may be about using digital devices to stay connected with loved ones, or ordering groceries/food online)
- building supportive and inclusive health care services to reduce stigma and increase health seeking behaviour (facilitating safe and supportive health care services is a key goal in making people feel comfortable and confident enough to seek treatment and support)
- creating strong community referral networks (e.g. working with health care service providers to facilitate referral pathways for people experiencing mental health issues, and those who need more specific alcohol and other drug treatment).



References

1. Crome IB, Crome P. Alcohol and age. Age and Ageing [Internet]. 2018 [03.11.2022]; 47(2):[164–7 pp.]. Available from: <https://academic.oup.com/ageing/article/47/2/164/4791134>.
2. Royal College of Psychiatrists. Alcohol and depression 2019 [03.11.2022]. Available from: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-depression>.
3. Royal College of Psychiatrists. Alcohol and older people 2015 [03.11.2022]. Available from: <https://www.rcpsych.ac.uk/mental-health/problems-disorders/alcohol-and-older-people>.
4. Kelly S, Olanrewaju O, Cowan A, Brayne C, Lafortune L. Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. PLOS ONE. 2018;13(1):e0191189.
5. Haighton C, Kidd J, O'Donnell A, Wilson G, McCabe K, Ling J. 'I take my tablets with the whiskey': A qualitative study of alcohol and medication use in mid to later life. PloS one [Internet]. 2018 [03.11.2022]; 13(10):[e0205956 p.]. Available from: <https://adf.on.worldcat.org/oclc/7882723770>.
6. Munro G, Ramsden R. Primary prevention: preventing uptake of drugs. In: Ritter A, King T, Hamilton M, editor. Drug Use in Australian Society. Victoria, Australia: Oxford University Press; 2013. p. 135–68.
7. Nicholas R, Roche A, Lee N, Bright S, Walsh K. Preventing and reducing alcohol and other drug related harm among older people: A practical guide for health and welfare professionals. Flinders University: Adelaide: National Centre for Education and Training on Addiction (NCETA); 2015.
8. Australian Bureau of Statistics. Drug Induced Deaths in Australia: A changing story 2016 [20.10.2022]. Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6>.
9. Berg-Weger M, Morley JE. Loneliness in old age: an unaddressed health problem 2020 [03.11.2022]; 24(3):[243–5 pp.]. Available from: <https://link.springer.com/article/10.1007/s12603-020-1323-6>.
10. Van Orden K, Lutz J. Peer Support for Older Adults. Peer Support in Medicine: Springer; 2021. p. 115–29.
11. Hatch S, Webber J, Rej S, Finlayson M, Kessler D. The effectiveness of mindfulness-based meditation treatments for late life anxiety: a systematic review of randomized controlled trials. Aging & Mental Health [Internet]. 2022 [03.11.2022]:[1–11 pp.]. Available from: <https://www.tandfonline.com/doi/abs/10.1080/13607863.2022.2102140>.
12. Chapman J, Harrison N, Kostadinov V, Skinner N, Roche A. Older Australians' perceptions of alcohol-related harms and low-risk alcohol guidelines. Drug and alcohol review [Internet]. 2020 [03.11.2022]; 39(1):[44–54 pp.]. Available from: <https://adf.on.worldcat.org/oclc/8426836669>.
13. Muñoz M, Ausín B, Santos-Olmo AB, Härter M, Volkert J, Schulz H, et al. Alcohol use, abuse and dependence in an older European population: Results from the MentDis_ICF65+ study. PloS one [Internet]. 2018 [03.11.2022]; 13(4):[e0196574 p.]. Available from: <https://adf.on.worldcat.org/oclc/7572990515>.
14. NHMRC. Australian guidelines to reduce health risks from drinking alcohol. Canberra: National Health and Medical Research Council; 2020.
15. Ellis JD, Resko SM, Kollin R, Lister JJ, Agius E. Public Perceptions of Risks Associated with Mixing Opioid Pain-Relievers with Alcohol and Benzodiazepines. Substance Use & Misuse [Internet]. 2020 [03.11.2022]; 55(7):[1189–93 pp.]. Available from: <https://adf.on.worldcat.org/oclc/8581672265>.
16. Yoshikawa A, Ramirez G, Smith ML, Foster M, Nabil AK, Jani SN, et al. Opioid use and the risk of falls, fall injuries and fractures among older adults: a systematic review and meta-analysis. The Journals of Gerontology: Series A [Internet]. 2020 [03.11.2022]; 75(10):[1989–95 pp.]. Available from: <https://academic.oup.com/biomedgerontology/article/75/10/1989/5721960>.
17. Edminster B, CFRN T, CEN N-B. Community-Dwelling Older Adult Fall Prevention Improvement Project 2021 [03.11.2022]. Available from: <https://repository.usfca.edu/cgi/viewcontent.cgi?article=2461&context=capstone>.
18. Williams A. Drug Abuse Sourcebook, 6th Ed. Detroit: Omnigraphics, Incorporated; 2019 [03.11.2022]. Available from: <https://public.ebookcentral.proquest.com/choice/publicfullrecord.aspx?p=5788273>.
19. Peabody J, Acelajado MC, Robert T, Hild C, Schrecker J, Paculdo D, et al. Drug-Drug Interaction Assessment and Identification in the Primary Care Setting. Journal of clinical medicine research. 2018;10(11):806–14.
20. Wu B. Social isolation and loneliness among older adults in the age of COVID-19: a global challenge Global Health Research and Policy. 2020;27(5).
21. Melei K, Linder J. Our Social Network: A Community-Based Program to Address Older Adult Mental Health Amidst COVID-19 [03.11.2022]. Available from: https://www.researchgate.net/profile/Kathleen-Melei/publication/350499919_Our_Social_Network_A_Community-Based_Program_to_Address_Older_Adult_Mental_Health_Amidst_COVID-19/links/6063790aa6fdecbfea1a49a7/Our-Social-Network-A-Community-Based-Program-to-Address-Older-Adult-Mental-Health-Amidst-COVID-19.pdf.
22. Adeyemi O. Alcohol- and Drug-Associated Injury Outcomes Among Older Adults Involved in Car Crashes. Innovation in Aging. 2021;5(1):126.