

# Executive Summary

This report was commissioned by the Alcohol and Drug Foundation (ADF) and presents trends in: alcohol and other drug (AOD) related hospitalisations; AOD-induced deaths (i.e., overdose and other drug-induced deaths where drugs have been deemed the underlying cause of death); AOD treatment episodes; and past year AOD use, among Australians aged ≥50 years.

Estimates in this report do not include tobacco.

Findings from this report have identified the following groups who may benefit most from interventions to reduce harms:

- Males;
- People aged 50-59 years;
- Older adults who use alcohol;
- Older adults who use opioids and/or benzodiazepines;
- Older adults who use amphetamine type stimulants; and
- Older adults who use cannabis.

Our findings also suggest that the following risk factors should be considered when developing such interventions:

- Using drugs at home alone;
- Remoteness area;
- Polysubstance use; and
- Psychosocial risk factors.

Please refer to Overview of identified groups at risk/risk factors for more information about each of these groups and risk factors.

## AOD-Related Hospitalisations

### Overall

There were 46,986 AOD-related hospitalisations among Australians aged ≥50 years in 2020-21, equivalent to an average of 129 hospitalisations per day. This equates to 525.5 hospitalisations per 100,000 people, which is slightly lower than what was reported among Australians of all ages (570.3 per 100,000 people).

### Sex

In 2020-21, AOD-related hospitalisations among Australians aged ≥50 years were more frequent among males than females (619.4 versus 439.0 per 100,000

people, respectively). This trend has remained relatively stable over the past two decades.

### Age

In 2020-21, the highest rates of AOD-related hospitalisations continued to be observed among those aged 50-59 (822.8 per 100,000 people), however rates of hospitalisations have increased across all age groups over the past two decades.

### Remoteness Area

The highest rate of AOD-related hospitalisations among Australians aged ≥50 years has consistently occurred in remote and very remote areas (860.1 per 100,000 people in 2020-21), although this was driven by alcohol-related hospitalisations (763.3 per 100,000 people in 2020-21). Rates of other drug-related hospitalisations are largely comparable across remoteness areas, although slightly higher in major cities (115.1 per 100,000 people in 2020-21).

### Diagnoses

In 2020-21, 13% (n=6,314) of all AOD hospitalisations were attributable to overdose (21%; n=3,922 in 2002-03), while 87% were attributable to another diagnosis (79% in 2002-03). This varies drastically across alcohol- and other drug-related hospitalisations. Specifically, less than 1% of alcohol-related hospitalisations have been attributable to overdose over the past decade, while in 2020-21, 63% of other drug-related hospitalisations were attributable to overdose, although this percentage has been declining over the past decade (85% in 2002-03).

### Drug Type

In 2020-21, the vast majority of AOD-related hospitalisations among Australians aged ≥50 years were attributable to alcohol (37,211 hospitalisations, 79% of all AOD-related hospitalisations), and this has remained consistent over the past decade (76% of all AOD-related hospitalisations in 2002-03). However, the largest increase in hospitalisations was observed for amphetamine-type stimulants, which increased thirteen-fold between 2002-03 (0.9 per 100,000 people) and 2020-21 (12.0 per 100,000 people).

## **Jurisdiction**

In 2020-21, AOD-related hospitalisations in the Northern Territory (1290.3 per 100,000 people) were more than double that observed in other jurisdictions. However, increases in AOD-related hospitalisations have been observed in all jurisdictions between 2002-03 and 2020-21.

## **AOD-Induced Deaths**

### **Overall**

Preliminary data show that there were 1,933 AOD-induced deaths (including those from drug overdose) among Australians aged ≥50 years in 2021. This equates to 21.6 deaths per 100,000 people, which is almost twice as high than what was reported among Australians of all ages (13.1 deaths per 100,000 people).

The issue of drug-induced deaths is complex and multifaceted, with factors such as socio-economic disadvantage, mental health, and lack of access to healthcare and harm reduction services playing a key role.

### **Sex**

In 2021, AOD-induced deaths among Australians aged ≥50 years were more than twice as frequent among males than females (30.5 versus 13.5 per 100,000 people, respectively). This trend has remained relatively stable over the past two decades.

### **Age**

The rate of AOD-induced deaths among the 50-59 (18.7 in 2002; 27.1 per 100,000 people in 2021), and, to a lesser extent, the ≥80 age group (12.8 in 2002; 15.5 per 100,000 people in 2021) has increased over the past two decades. In contrast, the rate among the 60-69 (22.1 in 2001; 21.8 per 100,000 people in 2021) and 70-79 (17.2 in 2001; 15.8 per 100,000 people in 2021) age groups have slightly declined.

### **Remoteness Area**

Rates among different remoteness areas have been quite variable over time, however there are differences among alcohol and other drug-induced deaths. That is, the highest rates of alcohol-induced deaths among Australians aged ≥50 years occur in remote and very remote areas (20.0 per 100,000 people in 2021), whilst for the past few years the greatest rate of other drug-induced deaths have occurred in major cities (8.9 per 100,000 people in 2020-21).

### **Cause of Death**

In 2021, overdose deaths accounted for 6.2% (72 deaths) of all alcohol-induced deaths (1.5% in 2002), with the vast majority the result of other causes (largely cardiovascular, digestive and endocrine diseases). Conversely, in 2021, overdose deaths accounted for 95% of other drug-induced deaths (100% in 2002). In 2021, 61% of all AOD-induced overdose deaths were unintentional.

### **Drug Type**

Similar to previous years, opioids (such as heroin and pharmaceutical opioids) and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs (such as benzodiazepines) were the most common drug types involved in drug overdose deaths in 2021 (50% and 49% respectively).

The rates of drug overdose deaths for all drug types have increased from the mid-to-late 2000s, generally peaking in 2017 or 2018, except for cocaine and amphetamine-type stimulants, whose rates kept increasing and peaked in 2020.

### **Polysubstance use**

In 2021, approximately two thirds (63%) of AOD-induced overdose deaths among Australians aged ≥50 years involved more than one drug class, with the most common drug profiles being opioids and antiepileptic, sedative-hypnotic and antiparkinsonism drugs; followed by opioids, antiepileptic, sedative-hypnotic and antiparkinsonism drugs, and antidepressants.

### **Psychosocial Risk Factors**

The most common psychosocial risk factors identified in AOD-induced deaths among Australians aged ≥50 years between 2017-2022, were personal history of self-harm (12%), limitations of activities due to disability (7%) and disappearance and death of a family member (7%). Psychosocial risk factors were more commonly identified in intentional than unintentional drug overdose deaths (72% versus 27%), with the most common psychosocial risk factors differing across intent.

### **Jurisdiction**

In 2021, AOD-induced deaths were highest in the Northern Territory (38.1 per 100,000 people), although rates have fluctuated considerably over time.

## AOD Treatment Episodes

### Overall

In 2020-21, there were 33,531 AOD treatment episodes among Australians aged ≥50 years. This equates to 375.0 treatment episodes per 100,000 people, double that reported in 2002-03 (151.4 per 100,000 people) but remaining lower than what was reported among Australians of all ages (486.1 treatment episodes per 100,000 people).

### Sex

In 2020-21, AOD treatment episodes among Australians aged ≥50 years were almost twice as frequent among males (489.2 per 100,000 people) than females (266.8 per 100,000 people). This trend has remained relatively stable over the past two decades.

### Age

In 2020-21, the highest rates of AOD treatment episodes continued to be observed among the 50-59 age group (759.7 per 100,000 people), however the rate of treatment episodes has more than doubled across all age groups.

### Remoteness Area

The rate of treatment episodes has consistently been highest in remote and very remote areas, with the rate of treatment episodes in these areas more than doubling over the past two decades (315.0 in 2001-02; 825.2 per 100,000 people in 2020-21).

### Principle Drug of Concern

In 2020-21, the most common drug type involved in treatment episodes was alcohol (68%, 254.4 treatment episodes per 100,000 people), followed by amphetamines (9%, 33.1 treatment episodes per 100,000 people), , opioids (8%, 28.2 treatment episodes per 100,000 people); and cannabinoids (7%, 26.0 treatment episodes per 100,000 people). Treatment episodes where amphetamines were the principal drug of concern increased 23-fold between 2002-03 (1.4 treatment episodes per 100,000 people) and 2020-21 (33.1 treatment episodes per 100,000 people).

### Jurisdiction

In 2020-21, AOD-treatment episodes in the Northern Territory (1956.1 per 100,000 people) were more than double that observed in other jurisdictions.

## Past Year AOD Use

### Overall

In 2022/23, 82% of Australians aged ≥50 years reported any past year AOD use, comparable to that reported among Australians of all ages (80%).

### Sex

In 2022/23, past year AOD use among Australians aged ≥50 years was comparable among males (85%) and females (79%). This trend has remained relatively stable over time.

### Age

In 2022/23, the highest percentage of past year AOD use was among people aged 50-59 years (86%) and the lowest percentage was among those aged ≥80 years (73%). This age distribution has remained relatively stable over time.

### Drug Type

In 2022/23, the most common substances used by Australians aged ≥50 years in the past year were: alcohol (77%), cannabis (5.4%), 'pain killers/pain-relievers and opioids' for non-medical purposes (2.1%) and tranquilisers/sleeping pills for non-medical purposes (1.3%).

### Risky Drinking

In 2022/23, 30% of Australians aged ≥50 years reported exceeding Australia's drinking guidelines, with this being highest among those aged 60-69 years (33%) and lowest among those aged ≥80 years (18%).

### Jurisdiction

Past year AOD use remains relatively comparable across jurisdictions.

# Overview of identified groups at risk/risk factors

Based on our analyses of AOD use and harms among Australians aged  $\geq 50$  years over the past two decades, there are certain groups who may benefit most from interventions to reduce harms, and particular risk factors that should be considered when developing such interventions.

## Groups at risk

- **Men.** Males had higher rates of AOD-induced deaths and AOD-related hospitalisations compared to females, which remained consistent across age groups and remoteness areas. The only exception to this was intentional overdose deaths, which were largely comparable across males and females, and intentional drug poisoning hospitalisations which was higher among females than males. AOD treatment episodes was also higher among men than females, although past year AOD use was largely comparable across genders.
- **People aged 50-59 years.** People aged 50-59 years consistently had higher rates of AOD related harms, compared to those aged  $\geq 60$  years, including:
  - Hospitalisations:* Australians aged 50-59 years had higher rates of AOD-related hospitalisations compared to those aged 60-69 and  $\geq 70$  years, which remained consistent across drug type, sex and all remoteness areas. This higher rate of hospitalisations for Australians aged 50-59 years was particularly evident for hospitalisations involving amphetamine-type stimulants where rates among those aged 50-59 (30.8 per 100,000 people) were 10 times higher than for those aged 60-69 years (3.0 per 100,000 people) and 55 times the rate of those aged  $\geq 70$  years (0.56 per 100,000 people). The only exception was *unintentional* hospitalisations due to overdose, where rates were highest among people aged  $\geq 70$  years.
  - Deaths:* Total AOD-induced deaths were also highest among those aged 50-59 years, consistent across remoteness areas, sex and drug type. Similar to hospitalisations, the only exception to this was *intentional* AOD overdose deaths, where the rate was highest among Australians aged  $\geq 80$  years. Further, rates of alcohol-induced deaths with neuropsychiatric conditions as the underlying cause was largely comparable across age groups (although deaths with cardiovascular, digestive and endocrine disease as the underlying cause remained most common among people aged 50-59 years).
  - Treatment.* The rate of treatment episodes has consistently been highest among those aged 50-59 years, more than doubling between 2002 and 2021 (271.1 in 2002; 759.7 per 100,000 people in 2021). This remains consistent across sex, remoteness areas and most drug types (excluding benzodiazepines, where rates were largely comparable across age groups).
- **Older adults who use alcohol.**
  - Hospitalisations:* The majority of AOD-related hospitalisations were attributable to alcohol (79%), with the rate of alcohol-related hospitalisations almost four times higher than all other drug-related hospitalisations combined. The most common principal diagnosis for alcohol-related hospitalisations was dependence (182.4 per 100,000 people), followed by cardiovascular, digestive and endocrine diseases (79.5 per 100,000 people) and acute intoxication (62.1 per 100,000 people). Hospitalisation due to harmful alcohol use has increased more than five-fold from 2002-03 (8.5; 46.7 per 100,000 people in 2020-21).
  - Deaths:* While the majority of AOD-induced deaths among Australians aged  $\geq 50$  years in 2021 comprised alcohol (60%; n=1,169), when adjusted for population size, the rate of alcohol-induced deaths was lower than for other drug-induced deaths. In 2021, overdose deaths accounted for 6.2% (72 deaths) of all alcohol-induced deaths (1.5% in 2002, 13 deaths), with the vast majority of alcohol-induced deaths the result of causes other than overdose (largely cardiovascular, digestive and endocrine diseases).
  - Treatment.* The majority of AOD treatment episodes among Australians aged  $\geq 50$  years in 2020-21 comprised treatment episodes where alcohol was the principal drug of concern (68%; n=22,746).
  - Past year use:* Approximately, one third of Australians aged  $\geq 50$  years in 2022/23 reported past year alcohol consumption that exceeded NHMRC recommendations (i.e., not to consume more than 10 standard drinks per week).

and not to consume more than 4 standard drinks on any single day) – this was highest among those aged 60-69 years (33%) and lowest among those aged ≥80 years (18%).

- **Older adults who use opioids and/or benzodiazepines.** In 2021 in Australia, the most common drug types involved in drug overdose deaths among Australians aged ≥50 years were opioids (50%, 399 deaths, 4.5 deaths per 100,000 people), and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs (49%, 392 deaths, 4.4 deaths per 100,000 people). The most common opioid involved was natural and semi-synthetic opioids (e.g., oxycodone), noting that involvement of heroin and non-opioid analgesics has declined over the past few years. While the rate of drug overdose deaths involving opioids and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs was highest among the 50-59 age group, in 2021 there were notable increases in deaths involving opioid and antiepileptic, sedative-hypnotic and anti-parkinsonism drugs among the 80+ age group (3.5 and 4.4 per 100,000 people, respectively).
- **Older adults who use amphetamine-type stimulants.** Although not as commonly identified as alcohol, opioids or benzodiazepines, it is important to note that substantial increases in both hospitalisations and overdose deaths were observed for amphetamine-type stimulants over the past decade. Specifically, both drug-related hospitalisations and drug-induced deaths with amphetamine-type stimulants as a principal diagnosis increased thirteen-fold, from 0.9 per 100,000 people (2002-03) to 12.0 per 100,000 people (2020-21), and from 0.09 per 100,000 people (2005) to 1.4 per 100,000 people (2021), respectively. The increase in hospitalisations was largely driven by those aged 50-59 years. Further, when examining other drug related hospitalisations in which overdose was not the principal diagnosis, a particularly sharp increase was observed for hospitalisations relating to psychotic disorder, which increased ten-fold from 0.9 per 100,000 people in 2002-03 to 9.2 per 100,000 people in 2020-21, although we cannot definitively attribute this to the increase in amphetamine-type stimulant hospitalisations. The rate of treatment episodes with amphetamine-type stimulants nominated as the principal diagnoses also increased 23-fold, from 1.4 treatment episodes per 100,000 people in 2002/03 to 33.1 treatment episodes per 100,000 people in 2020/21.
- **Older adults who use cannabis.** Cannabis use has tripled over the past two decades (1.5% in 2001 versus 5.4% in 2022/23), with this increase particularly evident among those aged 50-59 years (2.4% in 2001 versus 8.9% in 2022/23) and 60-69 years (1.2% in 2001 versus 6.1% in 2022/23). Approximately half of both of these age groups (who had used cannabis in the past year), reported weekly or more frequent use. Although no increase in cannabinoid-related hospitalisations or deaths were observed, there was an almost five-fold increase in the rate of treatment episodes with cannabis nominated as the principal diagnoses, from 5.3 treatment episodes per 100,000 people in 2002-03 to 26 treatment episodes per 100,000 people in 2020-21.

### Risk factors

- **Using drugs at home alone.** Most harms related to illegal or prescription drugs were largely the result of overdose, and occurred at home. Specifically, in 2020, overdose deaths accounted for 95% of other drug-induced deaths, but only 6.2% of alcohol-induced deaths. Since 2006, the majority of all drug-induced deaths have been coded as home (79%, 629 deaths in 2021), with all other places of occurrence consistently comprising <10% of cases each year. Similarly, in 2020-21, <1% of alcohol-related hospitalisations were attributable to overdose, while 63% of other drug-related hospitalisations were attributable to overdose (location of overdose not coded).
- **Remoteness area.** Alcohol related hospitalisations were highest in remote and very remote areas (and lowest in regional areas). This remained consistent across sex (i.e., both males and females had highest rate of hospitalisations in rural and remote areas), although there were differences across age groups (that is, drug-related hospitalisations among those aged 50-59 years were highest in remote and very remote areas, however among those aged 60-69 and ≥70 years, the rates of hospitalisations were more comparable across remoteness areas). Alcohol-induced deaths were also highest in remote and very remote areas, and lowest in major cities (in contrast, other drug-induced deaths and -related hospitalisations were more evenly spread across remote/very remote areas and major cities). The rate of treatment episodes has also consistently been highest in remote and very remote areas, doubling over the past decade, although breakdown of treatment episodes with alcohol versus other drugs as the principal drug of concern are not available.

- **Polysubstance use.** In 2021, two thirds of AOD-induced deaths involved more than one drug class, with the most common polysubstance use profiles comprising opioids and antiepileptic, sedative-hypnotic and antiparkinsonism drugs, followed by opioids, antidepressants and antiepileptic, sedative-hypnotic and antiparkinsonism drugs. Polysubstance use was not routinely captured for past year AOD use, however among those who reported past year 'pain killers/pain-relievers and opioids' use in 2022/23 and responded (n=181), 37% reported that they had used another drug (excluding tobacco), most commonly alcohol (28%) and cannabis (13%). Among those who reported past year use of 'non-medical cannabis' in 2022/23 and responded (n=661), 76% reported that they had used another drug (excluding tobacco), most commonly alcohol (74%).
- **Psychosocial risk factors.** Among AOD overdose deaths between 2017 and 2021, 39% of cases had a psychosocial risk factor coded. This varied between intentional and unintentional deaths, where psychosocial risk factors were coded in 72% and 21% cases, respectively. Self-harm and limitations of activities due to disability were the most common risk factors identified in intentional overdose deaths, while self-harm, disappearance or death of a family member, and unemployment were the most common risk factors identified in unintentional overdose deaths. Although psychosocial risk factors were not captured for hospitalisations, it was worth noting that most AOD-related hospitalisations due to overdose were intentional.