

# NSW Health

## Older people and alcohol



# Alcohol use in the over 50s

- ▶ Single occasion risk drinking has been increasing for people aged 50-64 years since 2010.
- ▶ Very high risk drinking (11 or more standard drinks on one occasion) at least monthly is on the rise in people aged 50-59.
- ▶ Age is a determinant of health risks related to alcohol. In 2015-16, on average 1,424 people aged 55+ died from alcohol-attributable disease or injury, 369 for all other ages.
- ▶ Harmful drinking contributes to early cognitive decline and dementia, according to WHO statement.
- ▶ Co-morbidities and concurrent use of medicines mean any level of alcohol consumption can be a serious health risk, especially for older people.

**The time to act is now**

- The AMA suggests addiction be treated on par with serious illness
- they also encourage GPs, to incorporate preventive care with older patients.



# Alcohol and Older Peoples Project

NSW Health is delivering a strategy for Older People, including health promotion, early intervention and health sector integration

1. Identify drivers for older people to engage about alcohol harms;
2. Deliver targeted settings based health promotion and early intervention;
3. Integrate response into the health system i.e. encourage older people in the community to see their primary care providers about alcohol and GPs to “ask the question”;
4. Encourage the uptake of free resources such as the GHS or Drinks Meter for older people to manage their risk.



# Communications research

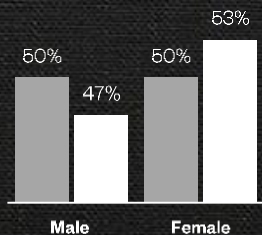
The communications company, Banjo, conducted quantitative and qualitative research to identify drivers, refine key messages and settings for health promotion



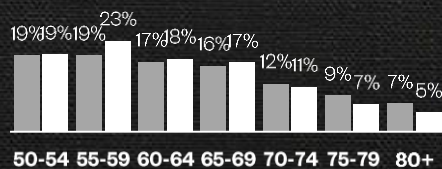
## Our sample

We quantitatively tested a range of alcohol related messages with older people (50+ years) and Aboriginal and Torres Strait Islander people (45+ years) in NSW who at least drink some alcohol (N=416).

### Gender



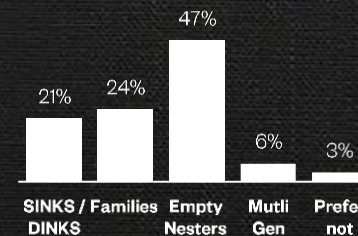
### Age



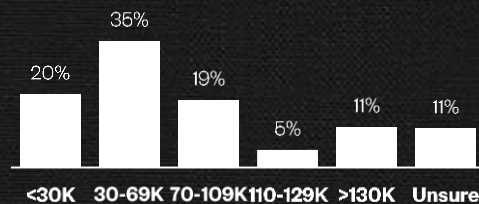
### Location



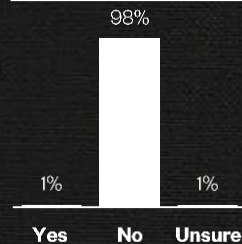
### Lifestage



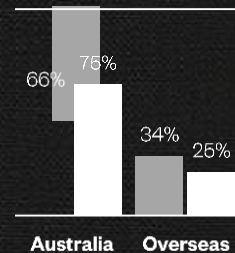
### Household income



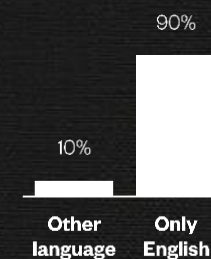
### Indigenous



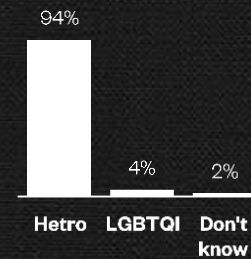
### Born overseas



### Language



### LGBTQI



■ Sample N=416 ■ Census 2016

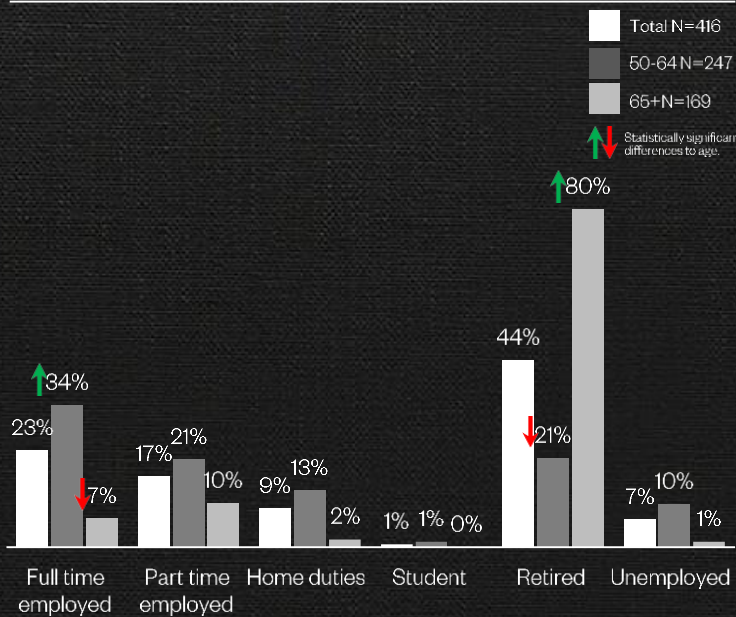
Note. While we did recruit a small number of Indigenous respondents, the quantitative research was not designed to address the tailored messaging for this audience. The number of Indigenous or LGBTQI respondents was not large enough to be able to report on quantitatively.



# Employment status and health issues amongst sample

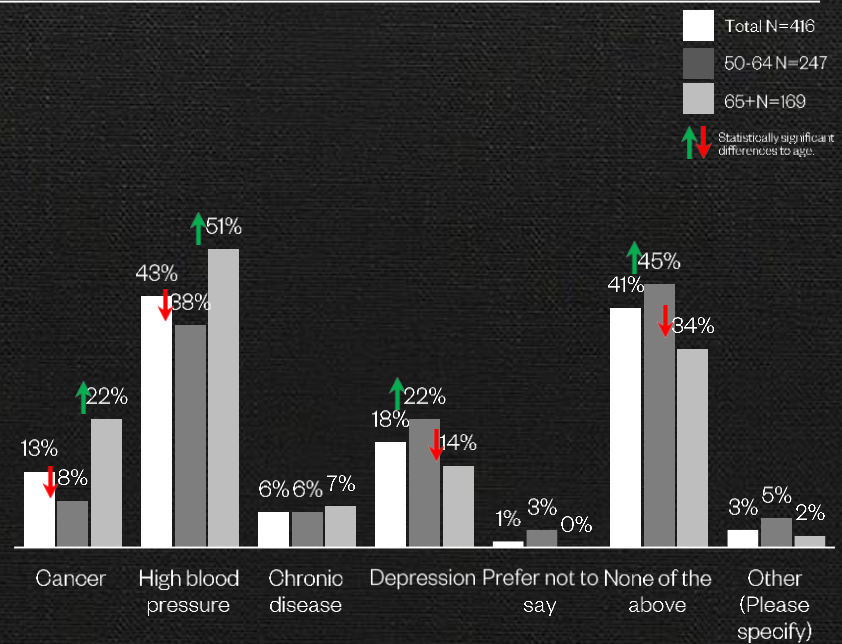
65+ year olds are more likely to be retired and have been diagnosed with cancer, and high blood pressure, but 50-64 year olds are more likely to have been diagnosed with depression.

Employment status



Q. What is your current work status? (Please select one answer only). Scale: Full time employed, Part time employed, Home duties, Student, Retired, Unemployed.

Health issue diagnosed



Q. Have you ever previously been diagnosed with one of the below health conditions by a doctor? (Please select as many as relevant) Scale: High blood pressure, Chronic disease, Depression, Prefer not to say, None of the above, Other (Please specify).



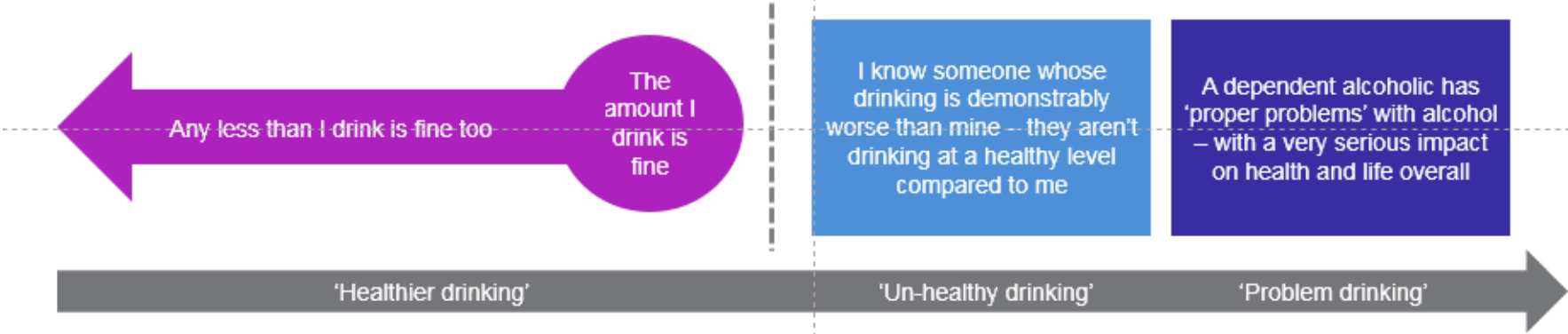
# AUDIENCES

AUDIENCE	SUB-GROUPS	INSIGHTS
<b>Older Australians: 50+ years</b>	Those still working (50-65 yrs)	- Disconnect with the 'older person' tag – young drinking mindset
	Those retired (65-70+ years)	- Acknowledge their health and their friends begin to have issues with health - Socially advantages have higher incomes which means no need to change drinking - Those disadvantage tend to reassess amount / types of alcohol consumed
	Aboriginal and Torres Strait Islanders 45+	- Open to talking about role of alcohol and negative experiences. - Used to cope
	Those taking medications	- 87% of audience are taking at least one medication
	Those in care	- Restricted access and policies in Nursing homes make access difficult, but this is varied
	CALD audiences	
	LGBTIQ	- Partying is a key part of life and has shaped their identity. Less likely to have children and therefore less restrictions
<b>Health care professional</b>	Doctors / nurses / nursing home	- Do see managing alcohol as part of their role, and do have tools (i.e. AUDIT scale) to evaluate role of alcohol in patient's life. However they typically only ask 'consumption questions' at initial consultation or if there are symptoms that suggest excess consumption - Counselling / Motivational Interviewing is recommend to improve effectiveness of behaviour change – with follow ups at regular intervals
<b>Pharmacist</b>		- Alcohol is central to the conversation. They are seen as trusted advisors. - They provide advice to minimize harm to the individual. Their advice is seen as short term (for the initial / life of the medication) versus being long term / behavioral change

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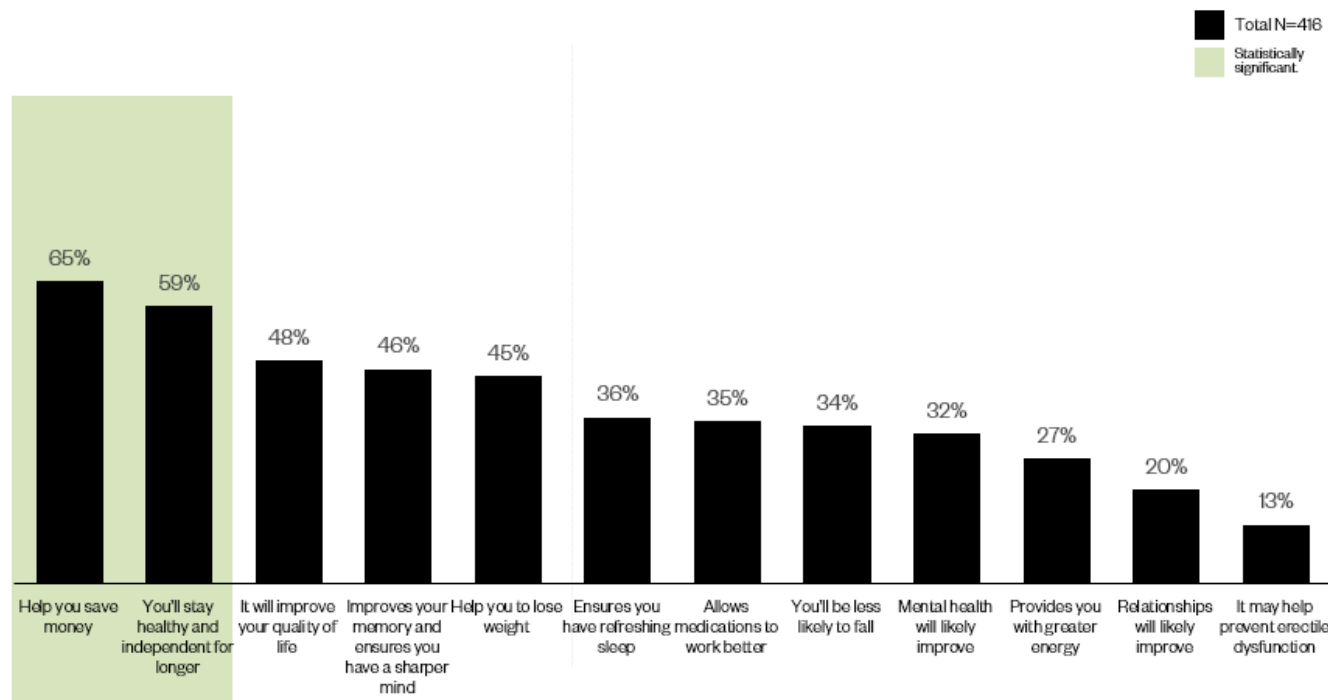
# The reference for 'healthy drinking' seems to be highly subjective





# Benefits of drinking less

Respondents claim primary benefits of drinking less to be money and being healthy and independent for longer.



**Saving money and staying healthy and independent for longer were the most preferred benefits, with statistical significance.**

Improving quality of life, memory and losing weight were the next relevant benefits.

*Please note, placing the benefits before the health risk messages may have impacted the relevance as they were reading them uninformed of any possible health risks.*

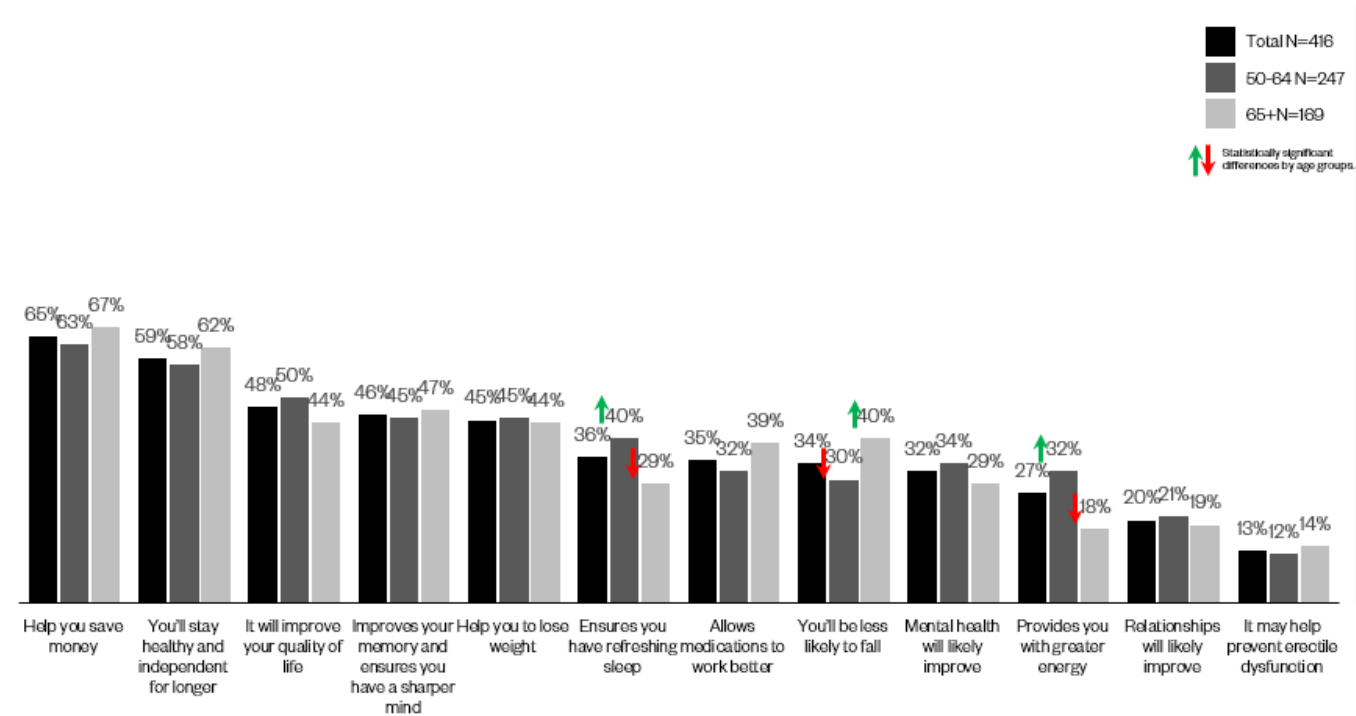
Q. You may have enjoyed drinking alcohol throughout your life and never experienced an issue. Below are specific benefits from drinking less. Please select those which are most motivating to you. Please select at least three. Drinking less provides the following benefits...

Source: BANJO Online Study



# Benefits of drinking less by age groups

Slight differences of perceived benefits occur by age.



**Across the age groups the benefits are fairly consistent.**

There are statistical differences across three messages.

50-64 year olds see refreshing sleep and more energy as stronger benefits.

65+ see the more likely to see 'less likely to fall' a stronger benefit.

*Please note, placing the benefits before the health risk messages may have impacted the relevance as they were reading them uninformed of any possible health risks.*

Q. You may have enjoyed drinking alcohol throughout your life and never experienced an issue. Below are specific benefits from drinking less. Please select those which are most motivating to you. Please select at least three. Drinking less provides the following benefits...

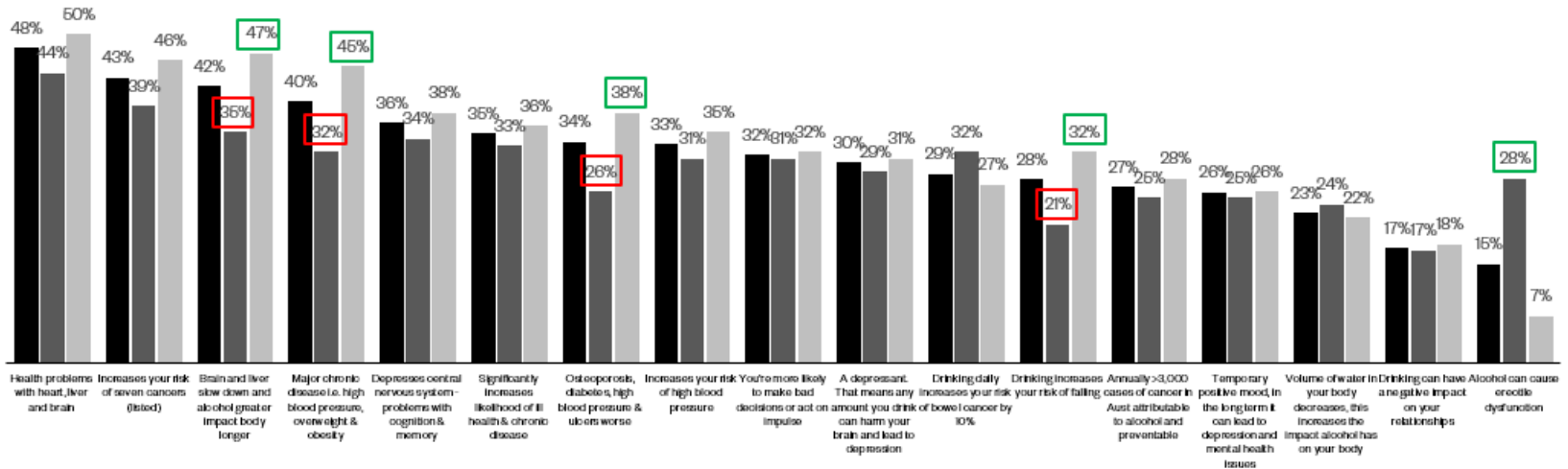
Source: BANJO Online Study



# Health risks for 50-64 year olds by gender

Females are statistically more likely to be persuaded by a range of health issues.

Total N=247  
 Male N=96  
 Female N=152  
  Statistically significant differences by gender.



Q. You may have enjoyed drinking alcohol throughout your life and never experienced an issue. However, once you are over the age of (50) there is an increased risk to your health and wellbeing if you consume more than 2 standard drinks a day. If you have a health condition it can be made worse by drinking alcohol. Below are a range of health risks for those your age who consume alcohol. Please select those which are most likely to persuade you to reconsider / reduce the amount of alcohol you drink. Please select at least three.

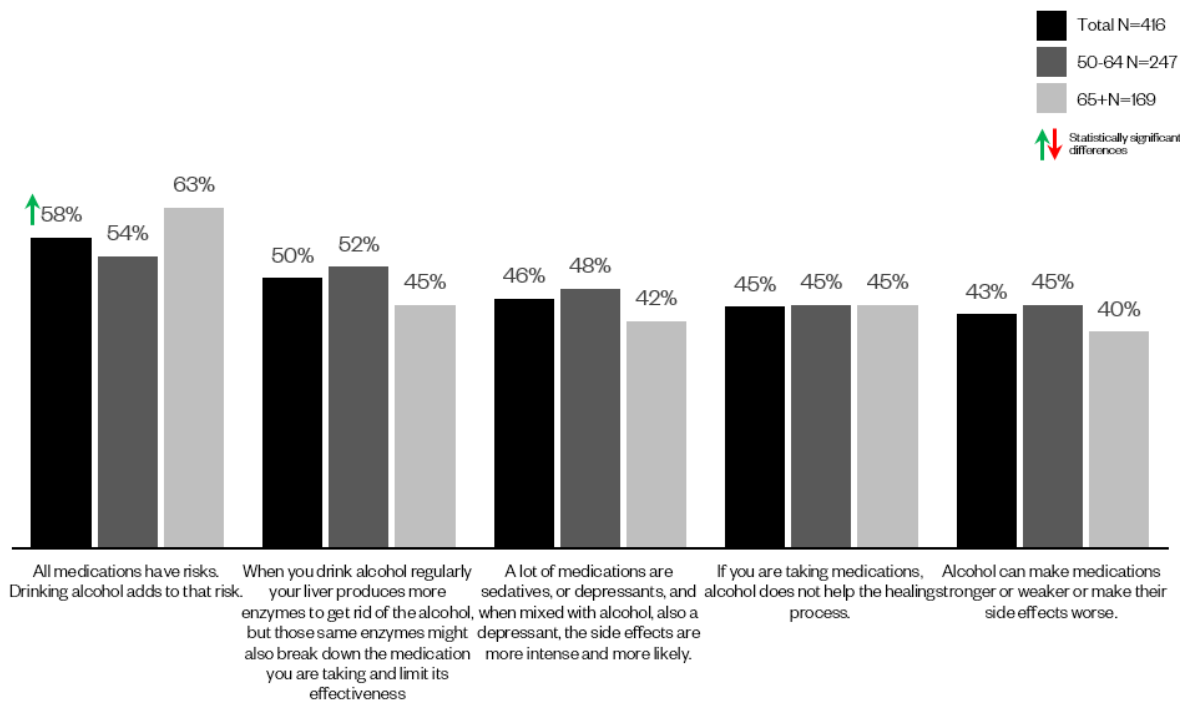
Source: BANJO Online Study

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# Drinking and medications by age

One clear lead message with no differences by age group



**'All medications have risks. Drinking alcohol adds to that risk' is the most impactful message in relation to alcohol and the use of medications.**

There were no statistical differences when analysed by age.

The other four potential messages were still strong in terms of their likelihood of persuading the audience to reconsider / reduce the amount of alcohol they drink.

They are therefore still relevant, but we strongly recommend that 'All medications have risks. Drinking alcohol adds to that risk' is a lead message as it is the most persuasive and impactful.

Q. Below are several statements that relate to how you and your medications are affected when you consume alcohol while on medications. Please select those which are mostly likely to persuade you to reconsider / reduce the amount of alcohol you drink. Please select at least two.

Source: BANJO Online Study



Messages driven by review of behavioural goals and self-persuasion were the most motivating levers for change.

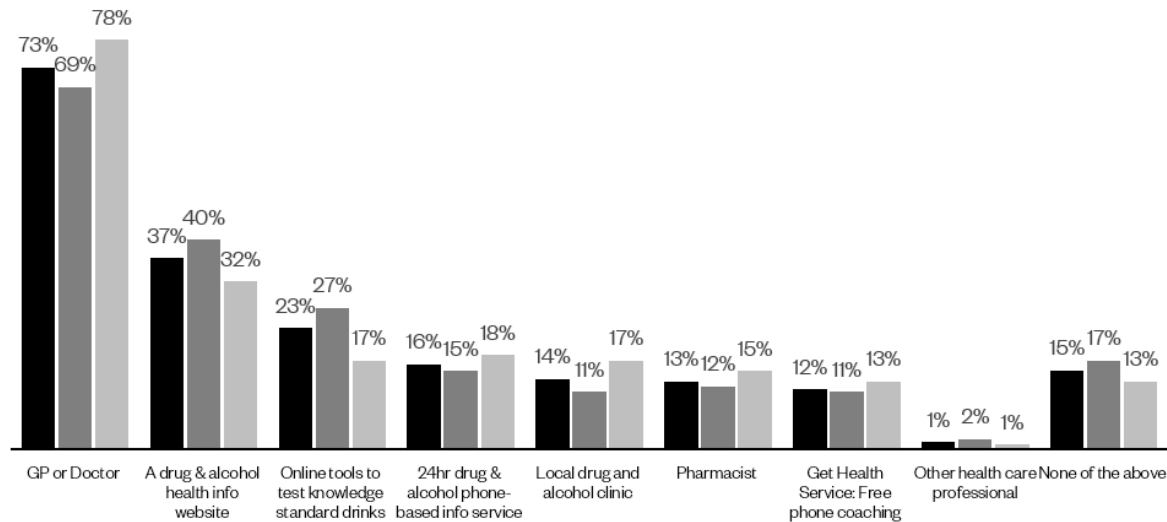
A social norming message delivered new news to our audiences.

*Join the 7 in 10 who only have a drink now and then.*



# Referral sources by age

GP or Doctor continues to be the most trusted and appropriate channels for advice.



### All audiences are most likely to attend their GP or Doctor.

The next sources are online or phone based, versus any other face-to-face services. We know that this is a sensitive topic and requires trust. This would have been established with their GP or Doctor.

Males are more likely to prefer GP / Doctor (78%) compared to females (69%). While females are more likely to use Get Healthy Service (16%) versus men (7%) or none of the options (18%) compared to men (7%).

Q. There are a number of different services who can answer questions, provide more information and advice on alcohol consumption for people your age and help you determine what might be appropriate for you. Out of the options below. Please select those which you would be likely to use. Please select all that apply.

Source: BANJO Online Study



# Aboriginal audiences

## Identifying elements for successful interventions

A successful approach for Indigenous audiences requires time, people and on the ground interventions.

Older Indigenous audiences are persuaded by their role and setting a good example for their grand children.

Reminding Indigenous audiences of their connection with land, spirit and culture is the other strongest lever for change.



## Next steps

Defining broad key messages

Developing a suite of targeted communications for diverse cohorts to support health professionals

Partner with primary care and tertiary services to integrate alcohol harm reduction messaging into service provision, and referral to appropriate support





## Resources for GPs

RACGP 'Alcohol and the over 50s' webinar on 26 June

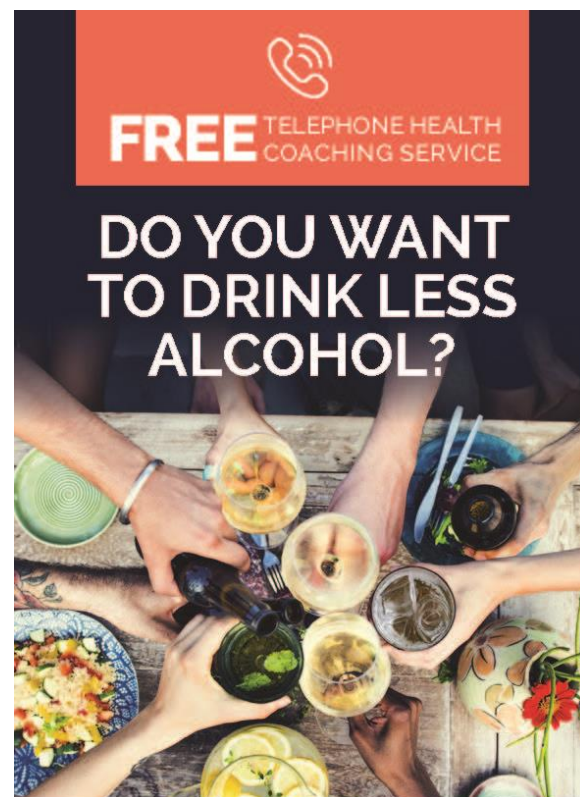
RACGP news articles

Information and support tools for patients on  
[www.yourroom.health.nsw.gov.au](http://www.yourroom.health.nsw.gov.au)



## Get Healthy and Alcohol

- ▶ Get Healthy Service (GHS) is a free telephone-based coaching service to help participants make healthy lifestyle changes. The Service offers 10 confidential coaching calls over six months with the option to re-enrol.
- ▶ Get Healthy Service Alcohol Reduction Program is available to NSW residents aged 18 years and over who want to reduce their alcohol consumption to achieve and maintain a healthy weight, reduce risk factors for chronic disease and achieve a healthier lifestyle.



# Active Ageing

1. Stepping On
2. New Active Ageing program
3. Staying Active
4. Active & Healthy Website

