



Changing age profile of people accessing AOD treatment: 2003–04 to 2013–14

Introduction and Aim

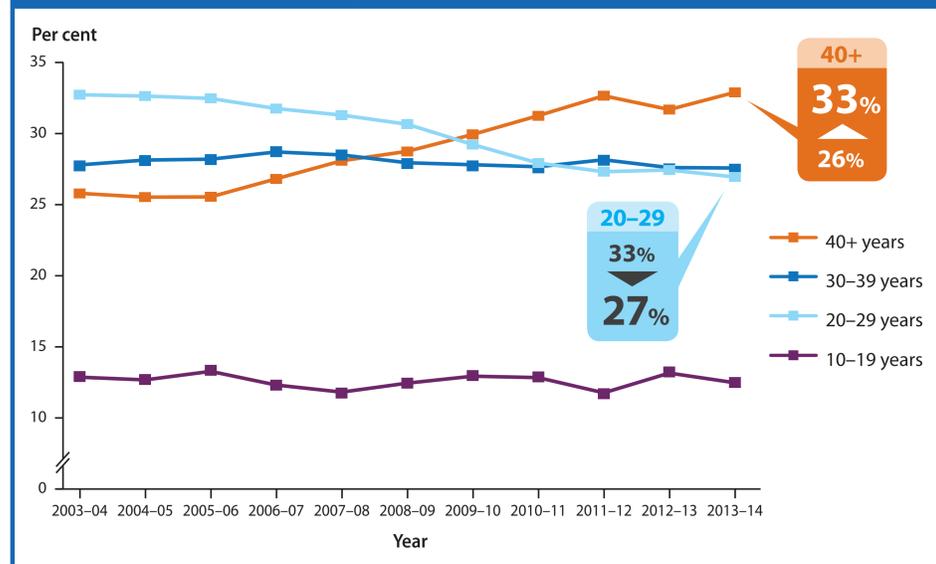
Analysis of trends, drugs of concern and treatment types, across the age profile of alcohol and other drug (AOD) clients, has identified differences that could inform future treatment services. Data from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) indicate a changing age profile of people receiving treatment between 2003–04 and 2013–14, suggesting there is an ageing cohort.

Key Findings

Episodes for clients aged 40+ are rising (Figure 1)

Since 2003–04 the median age of clients seeking treatment has risen from 31 to 33.

Figure 1: Treatment episodes by age group, 2003–04 to 2013–14

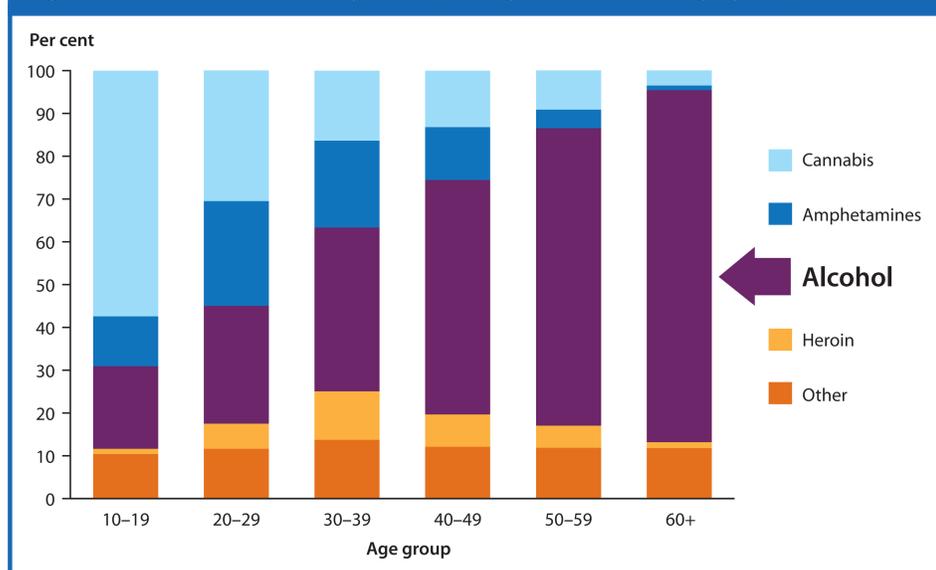


Episodes where alcohol was the principal drug of concern increase with age

In 2013–14:

- 1 in 5 (19%) of episodes for those aged 10–19—a decrease from 34% in 2003–04
- 70% of episodes for those aged 50–59 and 82% of episodes for those aged 60+, which has remained relatively stable since 2003–04 (Figure 2).

Figure 2: Treatment episodes by principal drug of concern and age group, 2013–14



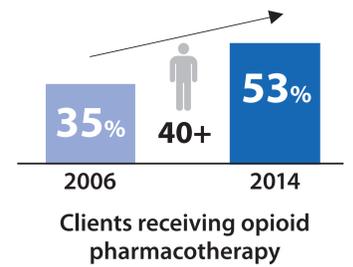
Top 4 principal drugs of concern has risen for older age groups

Since 2003–04 the proportion of episodes for the older age groups has risen.

Alcohol	50+	↑ 6%
Cannabis	40+	↑ 6%
Amphetamines	40+	↑ 9%
Heroin	30–39, 40+	↑ 16% ea

Related Data

The ageing profile of clients is also apparent for those using heroin and other opioids who are receiving opioid pharmacotherapy treatment. The National Opioid Pharmacotherapy Statistics Annual Data collection reveals that, from 2006 to 2014, the proportion of clients aged 40+ rose from 35% to 53%.



The National Drug Strategy Household Survey showed declines in the proportion of people under 40 drinking at risky levels between 2010–2013, and no change in those aged 40+. While people in their 50s generally have the lowest rates of illicit drug use, in recent years they have shown the largest rise in illicit use of drugs, and were the only age group to show a statistically significant increase in use. For example, recent cannabis use increased significantly from 8.8% to 11.1% among people aged 50–59. In addition, those aged 30–39 and 60+ had the largest rises in pharmaceutical misuse since 2001.

Discussion and Conclusions

Australia has an ageing population and therefore an anticipated increase in absolute numbers of older Australians with AOD issues (Dowling et al. 2008). Further, Gossop (2008) estimates that, internationally, the number of older people needing treatment for AOD issues will double between 2000 and 2020. This will have ongoing implications for the AOD service sector.

While the profile of clients receiving treatment and support from publicly funded AOD services has changed little since 2003–04, in more recent years the age profile of people receiving treatment suggest there is an ageing cohort of AOD clients. Over the 11-year period from 2003–04, the number of treatment episodes for clients aged 40 and over has increased by 7 percentage points, while the number for clients aged between 20–29 has fallen by 6 percentage points.

Since 2003–04 counselling has remained the most common treatment type across all age groups and principal drugs of concern.

As more information on clients becomes available through the AODTS NMDS, analysis of pathways through AOD treatment for an ageing cohort will be possible.

About the AODTS NMDS

The AODTS NMDS contains information on treatment delivered in Australia by publicly funded AOD treatment services. Data are collected by these treatment services, and provided to the AIHW by state and territory health departments and non-government treatment agencies. The AODTS NMDS captures a range of information on clients and treatment episodes including:

- Demographic information (e.g. age group, sex)
- Principal drug of concern (PDOC) leading the client to seek treatment (e.g. alcohol, cannabis, amphetamines and heroin)
- Referral source directing a client into treatment (e.g. self or family, health services, diversion)
- Main treatment type used to treat a client's AOD problem for their PDOC (e.g. counselling, withdrawal management).

Acknowledgment

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References

- Dowling G, Weiss S & Condon T 2008. Drugs of abuse and the ageing brain. *Neuropsychopharmacology* 33(2): 209–218.
- Gossop M 2008. Substance use among older adults: a neglected problem. Lisbon, Portugal: European Monitoring Centre for Drugs and Drug Addiction.

Find out more

www.aihw.gov.au/alcohol-and-other-drugs/
Contact: melinda.petrie@aihw.gov.au