

patterns of alcohol consumption. Risky drinking is associated with opioid medication-related problems.

**Implications for Policy or Practice:** Patient monitoring and effective alcohol interventions may have the potential to reduce harms and improve outcomes for CNCP patients.

Paper 209

## WHAT HAPPENS IN RESIDENTIAL CARE, AND WHAT DO CLIENTS FIND HELPFUL?

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**Issues:** Due to the wide range of models and philosophies that underpin residential detoxification and rehabilitation services in Australia, client expectations and experiences may not align and may therefore compromise outcomes and treatment completion. This presentation describes the therapeutic programs, activities and other aspects occurring in residential services, and explores those considered most beneficial.

**Approach:** Qualitative interviews were conducted with 34 participants from the Patient Pathways outcome study who had received residential care during the study period. The interviews sought to examine a number of factors surrounding the experiences of these clients in seeking, entering and undergoing treatment, with a particular focus on factors that facilitated or hindered initial access, treatment progress, and aftercare. A thematic analysis of the data was undertaken using NVivo8 software.

**Key Findings:** Clients reported considerable variation in program structures and activities. Common features that emerged as having a strong and positive impact on their treatment experience were structured communal living, sharing experiences with other residents, and support from friendly, accepting and non-judgemental staff members. They also reported that mindfulness training and attending mutual aid groups benefited them. Negative program elements included inflexible or overly rigid programs, limited one-on-one contact with clinicians and a lack of time for reflection

**Implications/Conclusions:** Residential services must ensure clients are aware of the nature of the program prior to treatment entry. Services should be sufficiently flexible to meet a variety of client needs and increase opportunities for individual counselling.

Paper 76

## MORTALITY AMONG OLDER ADULTS WITH OPIOID USE DISORDERS

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**Introduction and Aims:** The population of people with opioid use disorders (OUD) is aging. This may impact mortality rates and causes

of death in this group. We aimed to compare mortality in older ( $\geq 50$  years of age) adults with OUD to that in younger ( $< 50$  years) adults with OUD and older adults with no history of OUD. We also examined risk factors for specific causes of death in older adults with OUD.

**Design and Methods:** Using data from the US Veteran's Health Administration National Patient Care Database (2000–2011), we compared all-cause and cause-specific mortality rates in older adults with OUD to those in younger adults with OUD and older adults without OUD. We generated a Cox regression model with specific causes of death treated as competing risks.

**Results:** Older adults with OUD were more likely to die from any cause than younger adults with OUD, and older adults without OUD. In contrast to younger adults with OUD, older adults were more likely to die from chronic illness than drug-related causes. Cardiovascular disease and cancer were the most common causes of death in older adults, regardless of OUD status. Clinical conditions predicted cause-specific mortality in expected and unexpected ways.

**Discussion and Conclusions:** Our findings suggest that older adults with OUD have complex needs, and health care for this group needs to encompass OUD-specific interventions and general geriatric care. Disease screening and treatment for co-morbid clinical conditions has the potential to reduce excess mortality in older adults with OUD.

Paper 188

## PROBLEMS EXPERIENCED BY CHILDREN OF DRINKERS IN IRELAND, AUSTRALIA, VIETNAM AND THAILAND: SIMILAR EXPERIENCES OR WORLDS APART?

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**Introduction:** Alcohol consumption, problematic drinking and cultural drinking norms differ between countries and affect the experiences of drinkers and those around them. However, there is little understanding of the effects that drinkers may have on the children in their lives in different cultures.

**Aims and Hypotheses:** To compare overall levels of alcohol's harms to children in Australia, Ireland, Vietnam and Thailand we hypothesise that in the Irish and Australian cultures, heavier adult drinking patterns will be more problematic for children than in Thailand.

**Methods:** Nationally surveyed percentages of respondents from families that report their children have been physically hurt, verbally abused, exposed to domestic violence or left unsupervised because of others' drinking in addition to percentages of children living with adults who report drinking at different levels will be reported upon. Correlates of these indicators of risk of harm will then be examined and compared in the three countries.

**Results:** Comparing the survey results from the proportion of adults reporting at least one of the following problems because of someone's drinking: verbal abuse, a child left in an unsafe situation, a child witnessed violence in the home and physical abuse, was marginally higher in Australia than in Ireland (12% vs. 11%), although for some variables the percentage was higher in Ireland. In Thailand, the prevalence of harms to children reported was 13%. In Vietnam this figure was 14%.