



The recovery agenda shifts the focus of treatment to a positive vision of wellbeing and freedom from dependence. But is it realistic for older people to expect a fulfilling life beyond drugs, or is it just a box ticking exercise? Rebecca Lees hears both sides of the argument.



Ryan Campbell
is the CEO of KCA,
a Kent-based drug,
alcohol and mental
health services

organisation. He believes that older people should not be written out of the recovery agenda and that people of all ages have the right to – and can achieve – a fulfilling life.

“People are definitely using drugs later in life. They used to tend to stop by the time they were about 30 but now people in their 40s, 50s and beyond are using recreational drugs, and we can assume that about a quarter of these have a problem. They are the baby boomers who haven’t settled down. Alcohol use later in life is another trend again. I think it’s

related to depression and anxiety due to life factors associated with older age.

There are hardly any services for older people. Obviously all the services are available to older people but I’m aware of very few services nationally which are targeted specifically towards them. There are quite a few alcohol and mental health services but, when it comes to drugs, really there is very, very little and I think it’s because of two things.

Firstly, we don’t understand the population. We are only just becoming aware of them and our needs analysis is not effective in that population. Secondly, we stigmatise older people with drug and alcohol problems. Every service provider will say it’s appalling and that people should recover and have a happy and more productive life whatever their age but, increasingly,

there is an attitude towards older people of ‘why bother’ and that young people are the future. I’m hearing people say things like ‘you can’t teach an old dog new tricks’ and that where older people have entrenched drug and alcohol abuse patterns, the only thing is to keep them alive.

Yet I don’t see any evidence whatsoever of this and, in fact, the evidence points in the other direction. The age group with the best outcomes from the 12-step programme is the 55 to 77-year-olds. There was also a study in north west England showing that people over 40 were more likely to complete a course aimed at not using additional substances. If you go around saying that something won’t work, it won’t work. But I think the chances for older people are exactly the same as for everyone else

and they have just as much right to a fulfilling life.

It is realistic for older people to be included in the recovery agenda, in the same way that older people should be included in all of life. Even if people are not of 'working age' they can still contribute in the ways that older people contribute to our society, as grandparents, volunteers and citizens, as well as learning new skills and getting the most out of life. We haven't undertaken any studies comparing attitudes of people of different ages, but yes, older people feel positive about their future if their future is positive, just as many younger people feel pessimistic about their futures sometimes.

Studies on wellbeing across the whole population show that, on average, people aged 50 and over have greater wellbeing than any other age group. That's partly about attitudes to the future. Where older people have factors that affect their wellbeing though, like drug and alcohol issues, their wellbeing can be very low, which is why older people are particularly at risk of depression. I believe that most of the time that's fixable.

The difference is whether older people feel that a service is for them. If it's predominantly focused on people aged 18 to 35, there can be an implicit message to older people that it's not for you. We need to understand more about the challenging patterns of drug use. It may be that people don't want a specific older person's service, so I'm not necessarily advocating setting up an Age UK drugs service. But it could be a good thing for some people. Outside of the opiate population, we know hardly anyone is accessing services and we need to know why."

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Maggie Park

(not her real name), 61, is a long-term methadone user who doesn't believe that

the recovery agenda works for older people. She has been unemployed since 2011, when she was made redundant from her job at a drugs helpline, and says the idea of finding a new job or coming off methadone is unrealistic.

I started using heroin in my mid-20s. I used to smoke a bit of dope but one night there was no weed and someone said 'try this instead'. It was lovely and I thought it was the answer to life. I took to it like a duck to water. I've been on methadone for a long time as I'm one of those people who always need something. People talk about coming off, but you need that bottle. You're taking something but you're not getting stoned. If I'm not taking methadone, I get wound up. I have tried to come off it, but halfheartedly, I will admit. It gives me a feeling of relief.

I should go to support groups really, but recently I've been very depressed and going to groups is different when you're older. The people there, they don't seem to know a great deal. I'm not saying that because I'm older than them but I think the whole recovery thing is 'one size fits all'. Where the money is going is not being thought through. It's payment by results, getting people in and then out the other side. I think it's just so thoughtless.

You have to understand the desperation people feel. I think that what's going to happen with this new approach is that the crime rate is going to soar. People score around here all the time but these days I don't know how people make the money to support a drug habit. I'm living day by day. We live in a council flat and it's difficult to move or make changes nowadays. I'm not good at praising myself but I was good at that job on the helpline yet, realistically, who is going to give a job to a 61-year-old woman with a history of drug addiction when there are graduates out there going for jobs

in supermarkets? I have no chance of getting another job unless it's on a helpline.

I need to say this, getting old is not easy. At least I have my partner and my son but here are no happy endings, just the daily grind. It's not just for older people. My son is in his 30s and he's living with us at the moment, yet he works all the time. I see people walking around looking so downtrodden. People have been knocked off benefits left, right and centre and we are all on thin ice. When people who are on treatment for opiates go to the doctor, they are a bit scared. I have always been lucky with my GP but I had a new doctor two years ago and I'm not sure if she wants to keep treating us. Yet we are probably the least problematic group of people because we don't want to cause any trouble and we play down any problems we have.

I try to think about recovery but, the language it's couched in, it's not recovery! I always feel it's so forced. Fair play if it works, but I think anything that involves coercion is not right for people and I think a lot of recovery involves coercion. It's not 'would you like to come off methadone?', it's 'you are coming off methadone', and everyone is worried that the carpet is going to be pulled from under them. Some wonderful things are going on with the recovery thing, but recovery is going about your daily life without drugs and with a job. It's easy to be positive when you're on the outside looking in, but a lot of people my age have been on methadone for a long time and it's hard.

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■ **Rebecca Lees** is freelance journalist