# COMING OF AGE

Chris Drouet, writer and co-founder of drug user magazine *Black Poppy*, died of a drug overdose at his London flat in December. His death, aged 60, was a surprise to those who knew him – he had built up a tolerance to opiates after decades of regular methadone doses. **Erin O'Mara**, a close friend and colleague of Chris, discusses how long term addiction is taking its toll on Britain's rapidly ageing opiate users.

The phone rang. The following conversation became one of those moments in life that you never forget. While I can't remember the exact details of that call, it was so unexpected that the shock and emotion of it completely took my breath away, leaving me inconsolable.

It went something like this:

Doctor: "Erin, where are you?" (Her voice was all wrong)

Me: "I'm at home – why?' (My mind starts racing for clues as to what this could be about)

Doctor: "It's Chris. I'm afraid something's happened..."

Me: "What – hang on, you mean *my* Chris?"

Doctor: "I'm so sorry..". In a split second I felt I had been thumped on the insides and I couldn't stop what was coming next. I bent forward to stop myself collapsing. She continued, "It's... He...Chris's dead."

It all happened in slow motion. The doctor continued talking, her words making everything final and real despite me willing them to stop. "But are you sure? Really sure?"

She was sure, and it was final. Chris had been found by the guy staying over at his flat. He had been dead for about four days, the friend apparently paralysed as to what to do. Four days! I couldn't think straight. I kept pacing the room holding my head as though it would break, searching the room with my eyes for what? Answers? As it turned out I wasn't going to get a lot of those.

I knew it *could* be drug-related. The worry was that Chris would sometimes take quantities of valium on top of his methadone 'script but my god, he had been using like that for 40 years! He had stopped using benzos lately and anyway, he had such a tolerance...

I put the phone down. Tears streamed down my face, everything flashed through my mind but I kept thinking, 'how am I gonna tell his daughter? *How can I tell her he's dead? She had only just tracked him down after 20 years! That's not fair*! The absolute pain of hearing that sort of news is indescribable in the force of its finality. He's gone, forever.

Chris had been my soulmate. Memorable, funny, a man of few words. He was clever, talented and old school. We had co-founded *Black Poppy* together. With my Aussie mouth, my intolerance of injustice, sense of activism and interest in health issues, and his photographic memory and knowledge of London's drug culture from the early 60s, his humour and superb advice – we made a great team. As he supported me, *Black Poppy* magazine was born, and so was a marvellous writer. Chris's stories and articles would go on to be some of the best in the magazine. He was a natural. His loss felt massive and life-changing.

At *Black Poppy* we have always lived and breathed overdose prevention. The inside outs, the upside downs and the sideways of preventing and treating overdose. Christ, we held the UK's first International Remembrance Day for drug and alcohol related deaths just the year before! But why didn't I ever honestly think that one of us might actually be vulnerable? I never thought for a million years (*stupid, stupid, stupid!*) that Chris would die from an overdose, he was basically so stable.

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Questions about his death were soon raised, so the truth became an endless pursuit; why it took four days to report it, why things went missing from his flat. Why the police weren't interested in a proper investigation into yet another junkie death and the usual gaps in the story that seem to surround such episodes. The funeral needed working out – and then the inquest to attend.. The coroner decided his death was a methadone overdose, levels were in the fatal range, which is worked out according to what constitutes toxic levels gathered from other methadone-related deaths.

It seems he probably did the same or similar as he always did on that fateful day. He was found in bed. But it seemed to take some time for Chris to die, it wasn't quick, it happened in his sleep. This was statistically common too, three hours being the average time to die from drug-related causes. But what we did find out at the inquest was just how vulnerable Chris had become.

Chris was 60 last year. He had been using drugs for more than 40 years. He was a creature of habit and had the same routine pretty much every day during these last few years. He was 'scripted on methadone, (a rather large injectable prescription,) though he had been using the same amounts for at least the last 10 years. Ok, so he sometimes scored methadone on top on his script, again in the same amounts on the same days. That was just how it was and that was just what he did and he was by no means unusual there.

Like so many older users, he fell into a routine, as well as a certain state of mind, that had left him rather cut off from those who cared about him. He felt he had earned the right to be left alone. He had grown tired of drug workers a half or a third of his age, instructing him, directing him, controlling him with a script, shrill attempts to understand his plight and orders to keep those 'appointments'.

He felt that he just didn't have it in him to try and give up after all those years and he planned to stay on opiates if possible for the rest of his life. So when he managed to settle with a GP he liked, he became the perfect patient. No trouble, no dramas, just in and out once a fortnight. I think he hardly saw the doctor: it's all pre-signed scripts these days in busy surgeries. Most don't complain, everyone wants in and out, no problems, no complications.

I know years of prison (14 years in total for primarily shoplifting offences to fund his habit) had robbed him of the energy to start again. Every time he went into prison he lost everything he had slowly built up on the outside, his accomodation, his relationships, his belongings, his work.

Like many long-term, consistent drug users, years of never really re-learning to develop natural life highs, breaking the habit of using drugs to live day to day, coping with being alone or having fun without drugs and managing debts carefully before the court letters and bailiffs arrive (which makes answering the door impossible anymore). It leads to a slow strangulation of one's life – as well as the desire to try and make a better one. There comes a point when it all just gets too hard, especially after 20, 30 or 40 years.

So I looked again at the statistics, this time with different eyes. And I felt like an idiot. The fact is, you just never think it will happen to you – especially if you have been using drugs the same way for years. But, rummaging through the small amount of research available I found, one is even more vulnerable to a drug-related death: the longer you are using (tick for Chris); the older you get (tick for Chris); if you live or use alone (half a tick); are more run down/ill than usual (tick – he had a low grade infection in his injecting site); you binge sometimes on gear or benzos (tick and tick).

The last key driver of drug deaths is a health problem. This would have been a tick if Chris had been properly tested for his health problems. Despite seeing GPs every two or so weeks for decades, it was only after he died that we found out he had emphysema and severe hardening of the arteries – both of which may have exacerbated his respiration and cardiovascular difficulties.

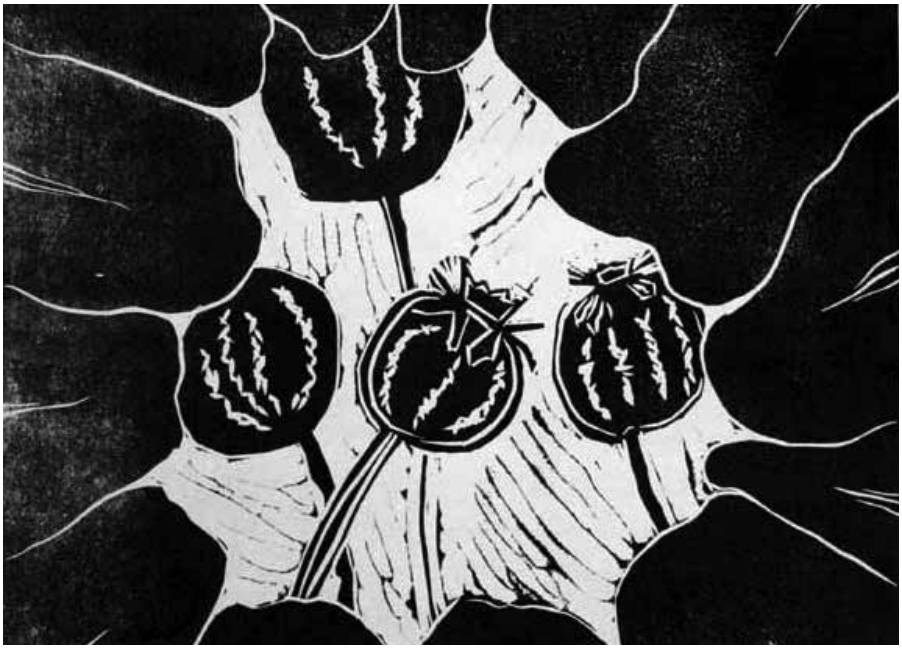
To break it down further. We know that most drug-related deaths affect medium to long-term users. Long-term use and age-associated health problems combine to increase the risks. Evidence shows that while drug overdoses are not always fatal, the fatality rate increases over time due to a number of factors associated with the ageing process. When we age and lose body strength, our metabolism slows down which can result in harmful levels of a drug being absorbed into the body, causing an overdose.

The proportion of deaths of drug users aged 50 years or more rose from less than 0.1 per cent in 1999 to 4.2 per cent in 2008. The average age at death of those with a history of drug abuse was 29.7 years in 1999, but by 2008 this had risen to 36.4 years. Two-thirds of older drug users died from accidental poisoning; mainly opiates, antidepressants and hypnotics/sedatives, while suicides, chiefly intentional overdoses involving antidepressants or sedatives, accounted for 14 per cent of cases.

By 2011, for the first time, half of Britain's population will be aged over 40, and our older drug using population is also on the rise. The British Crime Survey tells us that "self-reported drug use by over 55s has risen consistently since 1998. There has been a significant increase among 55-59 year olds in the last year and over the last 10 years."

The health issues that stem from long-term drug use can piggy back on general problems of aging to reduce ones overall ability to fight overdose. Pulmonary complications including aspiration pneumonitis, pulmonary oedema and pneumonia caused by heroin's depressant effects on respiration, weaken the immune system, put pressure on the cardiovascular system and subsequently may contribute to a holistic failure.

Anecdotally, I believe we are also seeing more older users with COPD (Chronic Obstructive Pulmonary Disorder), fighting asthma, chronic bronchitis, 'crack lung' and emphysema, which all add complications to respiration and oxygen levels. On the other hand, cardiovascular complications, including collapsed veins, hypoxia and endocarditis which are reported in injecting drug users cause long-term harm to the respiratory and cardiovascular systems. Multiple deep vein thrombosis and embolisms, and infections like the skin infection Chris had at his injecting site, can become extremely serious very quickly and can be fatal.



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The ageing process not only increases the probability of overdose, even for long-term regular users, but it also increases the chances of an overdose being fatal. This highlights the fact that older users need a more specialized, holistic approach that takes all these things into consideration. And interestingly, while contrary evidence concludes that polydrug use is a major fact in heroin deaths, this proves not to be so much of an issue for much more long-term users.

So it can still happen when you think you know it all about drugs. Age and ill-health are two things that can really creep up on you, and one day, like my friend, you are just that bit more run down, not so fit anymore because it's been years since you exercised or ate really well, your veins are in a mess, your circulation is sluggish and – hell – you know you've smoked too many fags and your breathing is poor. And so you take your usual dose, but end up sleeping in a funny position, maybe slouched in a chair, or on your back in bed, and no one is there when your breathing takes a change. Your mate looks at you and just thinks you're stoned as usual and reckons they'll look in on you in the morning....But it's too late by then.

I'm glad we are starting to look at a person's whole lifestyle when in treatment these days. Years of very questionable drug treatment has meant many long-term users aim to avoid interacting with services as much as they are able (some are in and out as fast as possible). But I am yet to see one person that isn't willing to have their health carefully checked by a sympathetic and supportive health professional, who can negotiate with the client the difficult and often judgemental path through hospital appointments and tests.

Older users often put up with mounting health problems as a result of decades of ambivalence when they have sought treatment. We have to reverse this trend and instill in the older generation some hope of a better, healthier life, not turn the other way as they head quietly to the corner of the drug treatment system to die.

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