As the population of long-term drug users grows older, doctors and campaigners say health officials will have to take on a fresh treatment challenge. **Sam Hart** reports on a struggle to grow old with dignity

Dawn of the geriaddicts

"REALLY we shouldn't be here," muses Alan Joyce, a 44-year-old father of two and poly-drug user of 25 years. "I don't think anybody expected us to live this long."

When Joyce first became a drug user in the 1980s the prognosis was not good. "Studies showed that the average life expectancy for the intravenous heroin user in New York was 36 – or, to put another way – 16 years from first shot to last hit," says Joyce, a senior advocate for the users' support group the Alliance.

But thanks to the success of methadone maintenance and other treatment programmes, long term users are now surviving into old age. This 'greying of methadone' has resulted in an ageing population of drug users that are presenting a set of practical and medical problems that critics say agencies are ill-equipped to cope with.

UNHEARD VOICES

A lifetime of drug abuse can take its toll on the body and may accelerate the ageing process. Problems of ill health associated with drug misuse such as deep vein thrombosis, HIV, liver damage and depression, combined with general health problems of late middle age and the time bomb of undiagnosed Hepatitis C are storing up an imminent public health crisis.

As they approach pensionable age, users are likely to be facing social, economic and emotional problems without networks in place to support them. "Many will be facing poverty because of a poor employment record and may find themselves isolated having seen many of their peer group die," says Joyce. Moreover, older users are likely to have moved away from the chaotic lifestyles that attract disapproving public and media attention to a more easily ignored, quieter existence.

More than 34,000 people aged 35 and over accessed treatment in 2003–2004. Heroin, methadone and benzodiazapines are the main problem drugs used by the over 45s. And anecdotal evidence suggests an increase in older users accessing helplines. Many are facing old age with a degree of trepidation.

'I'm terrified," admits Beryl Poole, 53 who also works for the Alliance and is on a methadone maintenance programme, "It's something that really worries me – I don't want to be dependent and I want to grow old with dignity.

Poole and Joyce presented a workshop addressing the problem, *Geriaddicts – Ageing and Dependence*, at the National Drug Treatment Conference this year. But they claim that theirs have been relatively lone voices in the fight for better treatment for older users. And in a climate where young people and drugs are practically synonymous, new initiatives seem to be focussed at the prevention and early intervention stages of drug use.

"It's almost as if young people are more attractive because they've got their futures ahead of them," speculates Poole. "There seems to be a lack of planning. We are not asking for special treatment, we want to know what is being done to ensure that the needs of the baby boomer generation of drug users will be met."

HEALTH PROBLEMS

And health experts are warning that to avoid problems in the near future, these issues need to be addressed now. "We are entering the clinical iceberg phase," says Dr Linda Harris, Clinical Director of Primary Care Substance Misuse at Wakefield Integrated Substance Misuse

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Service. "And we really should be second guessing what is going to happen."

One of the greatest concerns, according to Dr Harris, is that major health problems will go undiagnosed because of the difficulties in getting users to engage with mainstream health services. And despite recent training initiatives from the Royal College of General Practitioners, many doctors are still wary of engaging with users, especially older ones.

Dr Harris points out that sometimes older users are ignored by GPs: "GPs can almost forget about them if their problems are being dealt with by a drugs clinic. That may not be problematic while users are young and relatively healthy but will become more so as they get older. For example our clinic does not have the resources to deal with pulmonary heart disease. We would expect that to be picked up by their own GP – but what if it isn't?" One solution according to Harris is to employ specialist nurses within drugs clinics to pick up health problems associated with old age. And she stresses the importance of ensuring that users maintain links with their GPs.

For many users facing old age, access to adequate pain relief is a critical issue. Some GPs may be reluctant to prescribe opiate-based pain relief to people who are using or have used in the past. "The attitude is 'you are on methadone – you'll be ok then,'" says Colin Stewart, drug advisor at Release. "But if you've been on methadone for 30 years it's not likely to be useful as a painkiller."

There is a worry that drugs workers may ride roughshod over users' own views and opinions as to how they should be treated. "Older users have a lot of knowledge and information about their own condition," says Stewart, "And they should be listened to."

FAILURES

But there are also fears that people on long-term maintenance programmes are being viewed as failures by some agencies because they have not been 'cured'. "There is a move towards abstinence by some agencies," says Stewart. "Even though you may be holding down a job and have brought up a family you are not seen as a success story because you are still on a script. The attitude is 'aren't you old enough to know better?'"

And Stewart believes that the problem is exacerbated by the relative youth of some drug workers, whose focus is in dealing with young chaotic users. "If you are 45 and you've been through a lot, you don't want to be talked down to by a 23-year-old," he points out. "Especially if you've been taking drugs longer than they've been alive."

"We've heard of people being chucked off scripts after 24 years for answering back to drug workers," says Stewart. "It's very frightening to have to watch your ps and qs in case they throw you off a script. Who do you appeal to? There's nothing you can do about it."

And some are anticipating practical problems of an aging population of drug users: "Are we expecting 70-year-olds to go down to the pharmacy on their zimmer frames every day for their supervised injection?" asks Alan Joyce. "And what about nursing homes? How would other residents feel about living alongside people they may view as 'junkie scum'?"

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DIGNITY

One solution users are pointing to is Seniorenpand – a retirement home for drug users based in Rotterdam (see box). The home does not provide drugs but does not have a problem with users taking them in the privacy of their own rooms.

There are currently no plans for similar homes in the UK but the NTA says: "Our response is that drug treatment should focus on the needs of the individual. If their drug treatment and wider healthcare needs change as they age, then this needs to be discussed and built in to their care plan. This focus on individualised treatment is an essential element of the NTA's treatment effectiveness strategy.

"With regard to pain relief treatment for those using opiates – including prescribed opiates clearly this can be an issue for any age of client. We acknowledge that this can be complicated, but generic health services can and do work closely with the specialist drug service, or prescriber, to develop an appropriate package of care for that client."

But campaigners are calling for a national debate on the ageing user population in which the voices and concerns of older users can be heard. "Older users are frontline combatants in the war against drugs," says Joyce, "They have witnessed a lot of suffering and seen many friends die. They should be allowed to face old age with peace, dignity and respect." ■

Retiring with heroin

FUNDED by the city of Rotterdam and a semi-private medical foundation, Seniorenpand, is billed as the world's first retirement home for drug users.

Three other Dutch cities – Amsterdam, Utrecht and The Hague - are now setting up similar refuges for their own aging users, and policymakers around Europe are watching the experiment.

For elderly users who often lack the physical strength to survive on the streets and are unwelcome at traditional retirement homes, Seniorenpand is a lifeline and there is a long waiting list for its seven rooms.

"If it weren't for this place, I would be dead and buried now," says Gert-Jan, who uses a walking frame to get around. "This is a real home for me."

In the Netherlands, where users receive free medical care and methadone from the state, death rates from drug use are the lowest in Europe. Half the nation's users are now over 40, and many are in their 60s.

Seniorenpand takes a very Dutch approach to addiction. Though encouraged to consume fewer drugs, residents are free to buy heroin and cocaine on the street. The main aim is to help users see out their final years in comfort and dignity.

"We do not deal drugs to the residents, but we don't forbid them to use them either," said Alexander Hogendoorn, the home's manager.

"Some people reach a point where their addiction is irreversible, so our goal is to give them some stability and quality of life until the end comes."