

OLDER USERS

Deals on wheels

The number of older recreational drug users appears to be on the rise. But who are they and why are they still taking drugs? Max Daly investigates

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Unlike most people celebrating their 65th birthdays this year, Tony Hudson will be topping up the usual food and drink with cannabis and cocaine. As he does every day, he'll smoke around an eighth of an ounce of weed at his home where he lived with his wife by the Thames in west London. And because he'll be hosting a party to mark his transition into life as a pensioner, a bag of cocaine will most likely be making a late night appearance in the lounge.

"I've been using drugs for most of my life and I've got no reason to stop," says Tony, a former plumber and now self-employed multi-media designer. "Ok one of my daughters says I can't hold my granddaughter for 20 minutes until after I've stopped smoking cannabis. And I get some funny looks from the neighbours, who are always putting air fresheners in the communal hallway, and from my doctor whenever he asks me if I smoke and I say, 'yes but not tobacco'. But these drugs never cause me grief, in fact they

actually help me to function."

Compared to widespread levels of alcohol use among older people in Britain, recreational drug use is relatively rare. But it is becoming less so. Largely a phenomenon hidden from view, it is becoming increasingly apparent.

Figures released in December by the Health and Social Care Information Centre reveal that nearly 888 people aged over 65 – compared to 283 a decade ago – visited hospital suffering from poisonings relating to drugs such as cannabis, cocaine and amphetamines in 2012-13. More than half of these admissions, 473, were for people aged over 75.

The number of older people being admitted to hospitals with a primary diagnosis of drug related mental health and behavioural disorders has also increased in the last decade, from 65 to 108.

Research carried among more than 4,000 people in London by the Institute

of Psychiatry published in 2012 found that use of drugs such as cannabis, amphetamines, cocaine and LSD among the over 50s had risen tenfold between 1993 and 2007.

But the rise in older recreational drug users has been expected. The statistics reflect the movement into middle and old age of the first 'baby boomers', who grew up amid rising drug use and the counter cultural revolution of the 1960s and 1970s.

Robert Stewart, who co-authored the research for the King's College study, said at the time. "The key message of this paper confirms something that has been long suspected but which has not, to our knowledge, ever been formally investigated in the UK, namely that illicit drug use will become more common in older generations over the next one to two decades. The assumption is that these people would have grown up during ages when [recreational drug use] was considered more acceptable."

Says Tony, "I've been smoking cannabis every day since 1969 when I was living in Shepherds Bush, where it was easy to come by." But over the years he's adapted his habits. Twenty years ago he ditched smoking cannabis in tobacco joints, then he decided to swap his small weed pipe for a Sherlock Holmes style tobacco pipe.

"When I gave up smoking joints my chest complaints disappeared. With my Holmes pipe, it's comfortable to hold in the palm of my hand, I keep it clean of tar, it's easier on the throat than one of those little pipes and I quite like the look of it if I'm honest."

But there is a reason, as he reaches pensionable age, why Tony smokes an ounce of strong cannabis a week at a cost of more than £11,000 a year: he can't do without it. To him, cannabis is like Valium. "When I have a smoke, which is throughout the day, I'm in complete control of all my senses, I can work and I can fully function on it, because there is no high involved," he says. "The only time I feel the drug is when I'm not using it. If I don't smoke for four or five days I start getting anxiety. It's a peacemaker, it keeps me on a constant."

Tony's use of cocaine, about once or twice a month, is more of a positive experience and it's a family affair. Like many of his friends, he started using cocaine while working in the music industry (as a recording studio builder) in the 1970s. "I'll take some coke at get togethers or parties round our house, often with my kids, nephews and nieces – as well as everyone's mates. We have had some big all-nighters here. Cocaine is very handy now I'm older, because it allows me to stay up later."

Since getting into the rave scene 20 years ago, Joanne, a 60-year-old care worker for disabled people, still enjoys a party.

Around six times a year Joanne, fuelled by MDMA powder and cocaine, goes to a 24-hour rave. "I like the psychedelic side of MDMA, mild hallucinations with good music, I go into a world of my own. I use the cocaine to keep me going for the all-day after party." Joanne admits she has gone out dancing and drug taking with her 27-year-old son. "The first time he saw me taking drugs he told me he'd always wondered what kept me going all night."

Joanne has tried most drugs, including very brief experimentations with heroin in her 30s and 40s, but cannabis has always been her main drug of choice. She got into it while travelling around India and Pakistan as a left-wing activist in 1979. "I enjoy it, like people

enjoy a drink, I always have and always will. Apart from that skunk stuff, which I don't go near.

"Smoking puts a smile on my face. Sometimes it gets me over a shit day at work and it can be motivational, it's great for cleaning the house."

While she keeps her drug use fairly discreet at work, she has been out on several work leaving parties that have ended up with cocaine snorting, mainly among people in their 50s and 60s, after the pub.

"I would have thought I would have grown out of taking drugs by now. But what's changed is that I don't really view them as drugs, in terms of being illegal or controversial, anymore. Some people my age like to eat lots of cake or really love chocolate, but I like drugs. I don't see it as an issue."

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Does the rise in older people using recreational drugs mean there are also more selling them? Most of the older drug users *Druglink* spoke to, including Jamie, a 61-year-old IT consultant whose use and supply of cocaine is intrinsically linked to an old friends network from three decades ago, said that they were supplied by their long term friends and peers.

When police discovered that 72-year-old milkman Robert Holding had been supplying local residents with cannabis as part of his daily milk round in Burnley, it was the people he was selling to – 17 local pensioners – that most intrigued the national press.

Holding, who was given a suspended 36-month sentence for cannabis supply, said he sold the cannabis, often for no profit, to existing milk customers "because they were old and had aches and pains". They used the cannabis as painkiller, leaving him notes in the empty milk bottles with orders of ounces or eighths.

Yet, as has been discovered with the ageing cohort of heroin and methadone dependent people, the older the body

gets, the less capable their vital organs are of coping and the more likely overdoses will be fatal. The growing number of older people attending A&E for recreational drugs suggests they too are taking their toll on people's health, as people's bodies become less resilient to the toxic and negative health effects of drugs.

Both general health and specialist drug treatment services will need to be adequately resourced and able to adapt to cope with an increasingly ageing cohort of drug users, warned Robert Stewart of the Institute of Psychiatry. "Health service staff providing care for older people should be aware of the possibility of illicit drug use as part of the clinical context," said Stewart, "particularly as previous research and policy reports have suggested that this is often missed."

One of the big dangers is that drug and alcohol use among older clients often remains hidden. Julie Breslin, Service Manager at the drug charity, Addaction says rising problems of alcohol abuse among older people could teach the drug sector useful lessons. "Factors such as retirement, bereavement and social isolation can make people vulnerable to alcohol problems. Men and women aged 65 and over are more likely to drink alone, to drink at home and drink every day than other age groups. This often makes alcohol problems difficult to detect until it reaches crisis point." During the last decade, alcohol-related hospital admissions in those aged 65 and over have increased by 176 per cent for men and 145 per cent for women.

The less lonely, housebound and bored older drug users are as they age, the less likely they will be to develop a problem. "At the moment I'm too busy to take lots of drugs," says Jamie, who doesn't see his drug use drifting much more into his 60s. "When I retire I will have more spare time, but I think I will be spending it doing other more interesting things, like going out on my sailboat or making things in the little workshop I've set up in my garden shed."

While many would argue differently, as a long-term user, Tony sees no real difference between a pint and a line of cocaine. "Most people have a nightly sherry or scotch at our age, so what's wrong with a joint or a line of coke? When time is getting short, you might as well do what you want, regardless of what anyone else thinks."

■ **Max Daly** is author of *Narcomania: How Britain Got Hooked on Drugs*