



Twist and gout

Britain's emerging population of older drug users is setting unique challenges for the treatment sector. **Caryl Beynon** and **Lloyd Baron** examine how ageing heroin veterans from the 1960s onwards are forming a new wave of problem drug users.

We assume that people over the age of 50 do not take drugs, because historically this has been the case. But let's think about it. It is highly improbable that people now in their nineties ever took drugs when they were young, so it figures they were equally unlikely to do so during their older years. But for people aged in their fifties and sixties, who reached adulthood during the 1960s and 1970s – when drugs were more widely available – the story starts to change. Some who began to use them during this time continue to use them now.

The emergence of older drug users is, therefore a relatively new phenomenon. And there is every reason to assume that we will witness a continuing increase in the number of older people who use drugs. So what does this mean? Firstly, it means that we are now observing a growing number of older people in drug treatment; we know about these people because we can 'count' them. For a start, most of them are getting help for heroin addiction and receiving methadone.

A study by the Centre for Public Health in Liverpool, for example demonstrated that the number of older people in contact with treatment in Cheshire and Merseyside had increased significantly since 1998 and, while people over 50-years-old still make up

a very small proportion of the total treatment population, about four per cent, this is growing each year. In 1998, those aged 40 to 49 years, our potential older drug users of the future, accounted for just eight per cent of the treatment population, but by 2006, they made up a quarter of those in treatment.

PEOPLE AGED IN THEIR FIFTIES AND SIXTIES WITH A LONG HISTORY OF DRUG USE WILL REQUIRE MUCH MORE THAN JUST TREATMENT FOR THEIR ADDICTION

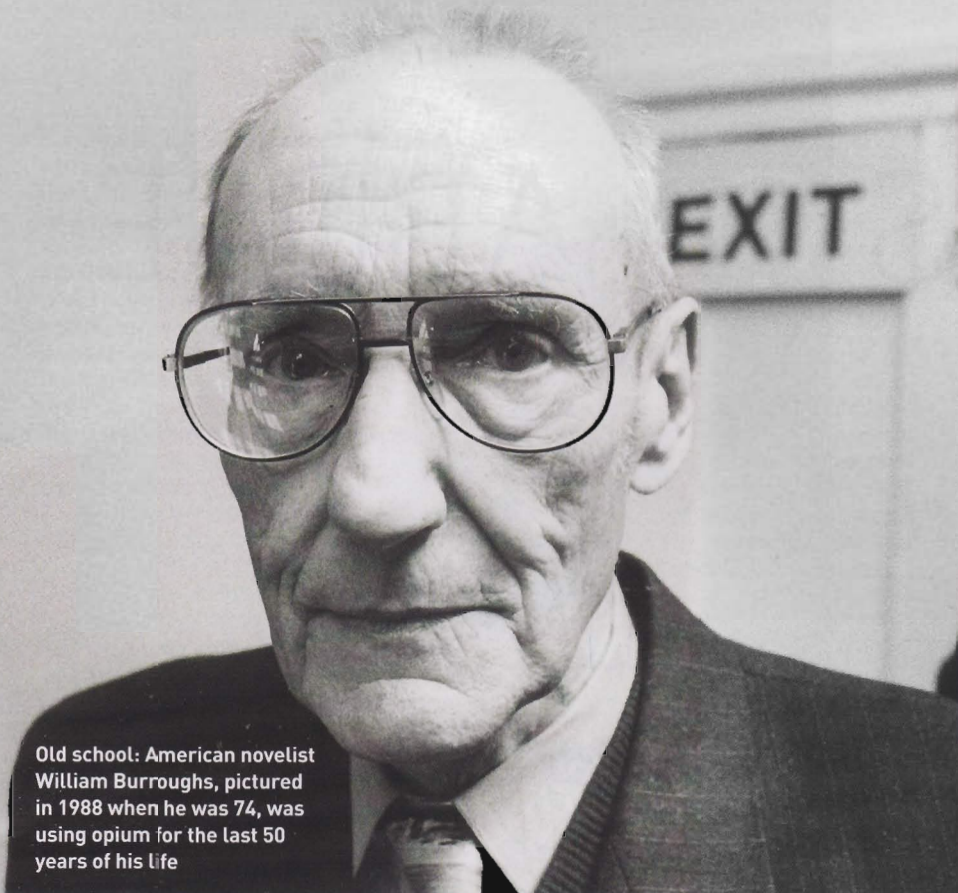
Older problematic drug users have survived overdoses and the acute effects of drug use but they now experience the chronic effects from, for example, hepatitis C, respiratory problems and cardiovascular conditions. The chronic effects of drug use, coupled with, in many cases, long term poor environmental conditions and poor nutritional intake, appears to accelerate age-related changes so that diseases that usually occur in people in their

seventies and eighties occur much earlier in those who have a history of drug use.

Many long-term drug users have experienced the deaths of their drug-using friends and have also severed links with their family and others who do not use drugs. Consequently, some older drug users experience loneliness, isolation and a lack of assistance in carrying out everyday chores such as shopping.

A second group of people who use illicit drugs also exist: those who begin use later on in life or re-commence use following many years of abstinence. With the number of older people who use drugs increasing and the opportunity for older people to increase their social networks using internet social networking sites, it is entirely conceivable that people begin drug use in later life due to the formation of new relationships with a person who uses drugs.

Factors which become more prevalent in older age like bereavement, marital breakdown, retirement and health-related incapacity may very well be risk factors for illicit drug use in older age, particularly for those who used drugs in their youth. The potential for abuse of prescription and over-the-counter drugs by older people is also a recognisable



Old school: American novelist William Burroughs, pictured in 1988 when he was 74, was using opium for the last 50 years of his life

People attending drug treatment programmes in Cheshire and Merseyside 1998-2008

1998: 1.5% of male and 1.9% of female drug users were aged 50-74

2008: 5.9% of male and 5.1% of female drug user were aged 50-74

1998: 8% of drug users were aged between 40-49

2008: 30% of drug users were aged 40-49

People attending needle exchange programmes in Merseyside 1992-2008

1992: 0.3% of drug users were aged between 50-74

2008: 4.8% of drug users were aged between 50-74

Age at death of drug treatment clients in north-west England 2004-2008

2004: 37

2008: 42

problem.

About a third of all prescribed drugs are prescribed to people aged over 65 and these include drugs that have the potential for abuse. Benzodiazepines are, for example, prescribed widely to older adults, but use can result in physiological dependency when taken at therapeutic doses for as little as two months. For some, the abuse of prescribed drugs will begin with appropriate use for a medical or psychiatric condition, before escalating into abuse.

Drug treatment services that have become accustomed to caring for younger drug users will need to adapt to the needs of their older clients. Services will be faced with a relatively heterogeneous population in terms of their drug use history and care needs and this will demand a corresponding array of interventions. People aged in their fifties and sixties with a long history of drug use sometimes have the mental and physical condition of someone who is 20 or so years older. And they will require much more than just treatment for their addiction. Many of these people will be unable to cope without considerable support, and services will have to step in to provide this support, particularly for those with little or no family contact.

This issue has recently been recognised in Switzerland, a country with relatively liberal drug laws, where older drug users were being dumped in emergency shelters. In response, care homes specifically for older drug users have been set up which provide all the support necessary while allowing the consumption of illegal drugs to occur on the premises.

Conversely, later onset drug users will require different treatment strategies, as will those who are users of prescription medication. People who use prescription or illicit substances will present with greatly differing abuse profiles and will have very different reasons for use than their younger counterparts.

Primary care will play an important role in identifying drug use issues among older people and in referring people into appropriate care. Currently however, the tools used to screen for drug use have been developed and validated for young and middle aged populations, and may not be a valid method by which to identify drug use in older people.

Prevention strategies will also need to embrace a diversity of vulnerable older adults. Social support services, for example, will need to be vigilant for drug use by older people during times of stress such as occurs following

bereavement, while all healthcare professionals should be alert to the escalation of prescription drug use into addiction.

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In response to this issue, the Centre for Public Health, the NTA and Liverpool DAAT are hosting a conference 'Exploring the challenges of an ageing population of drug users', in Liverpool on 20 November 2009 in Liverpool. The conference will bring together academics, practitioners and policy makers from the fields of substance use and gerontology with service users in order to discuss what this change in demography of drugs users means in the UK.