

Illicit Drug Use and Older People

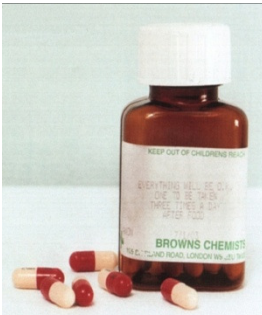
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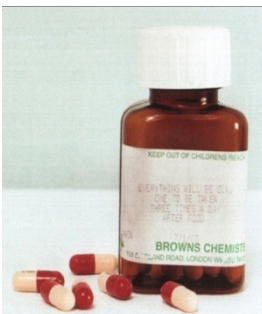
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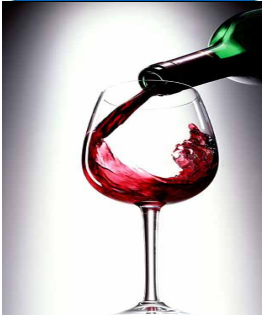
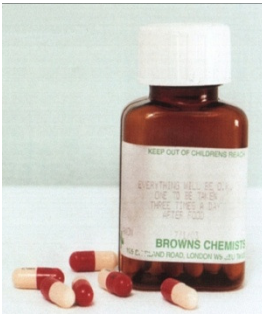
Overview

- Demonstrate the existence of older drug users.
- Findings from interviews with drug users aged 50 and over (health status and health service contact).

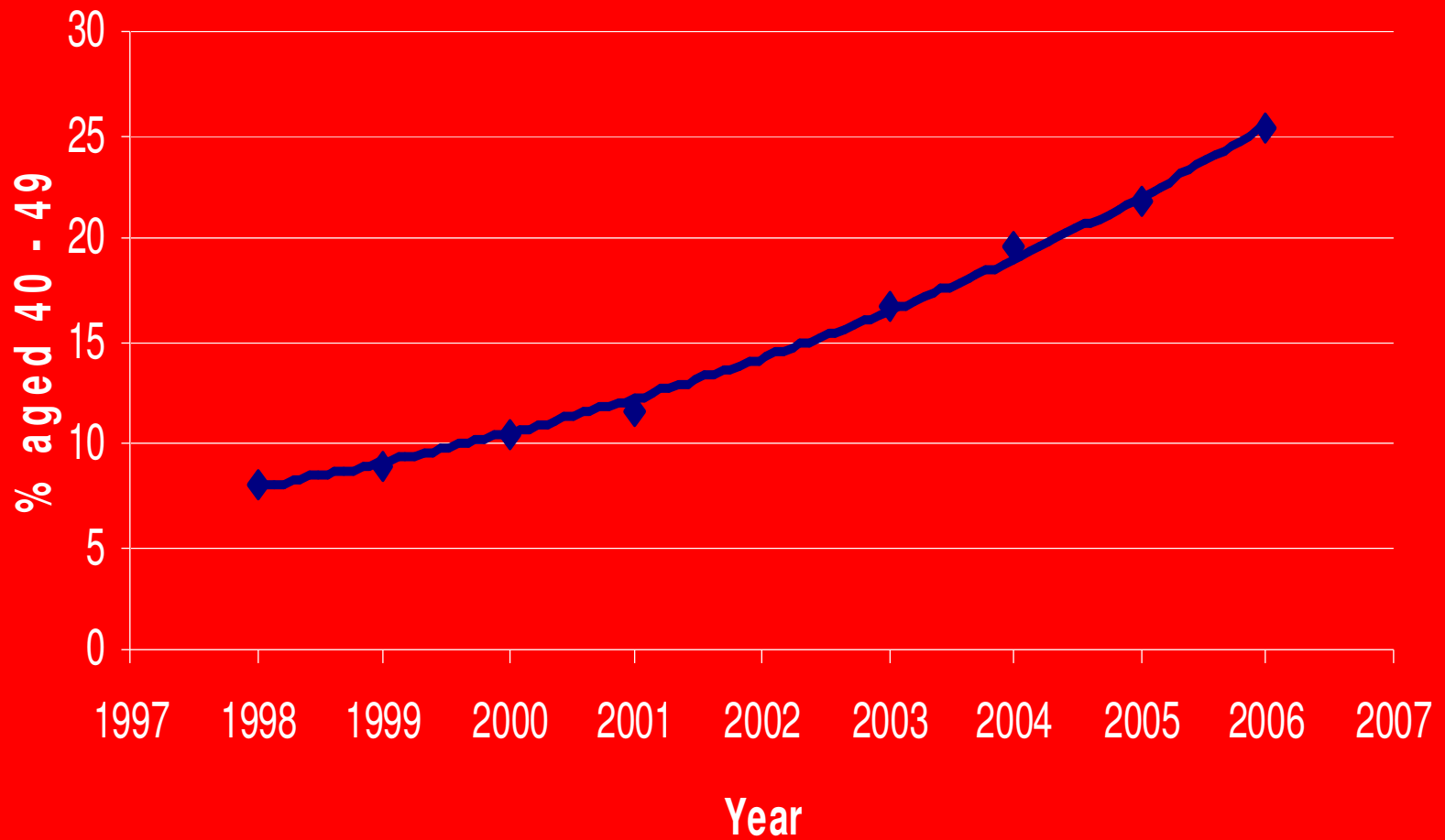
Age of Drug Treatment Clients (Cheshire and Merseyside)

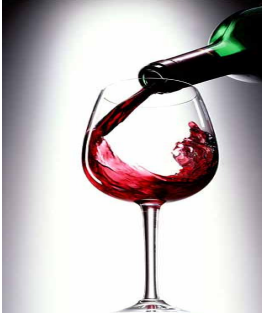
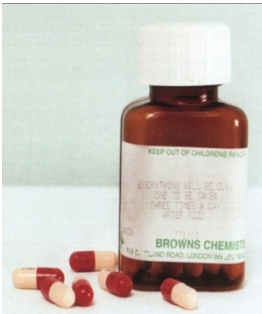


Older Drug Users of the Future?



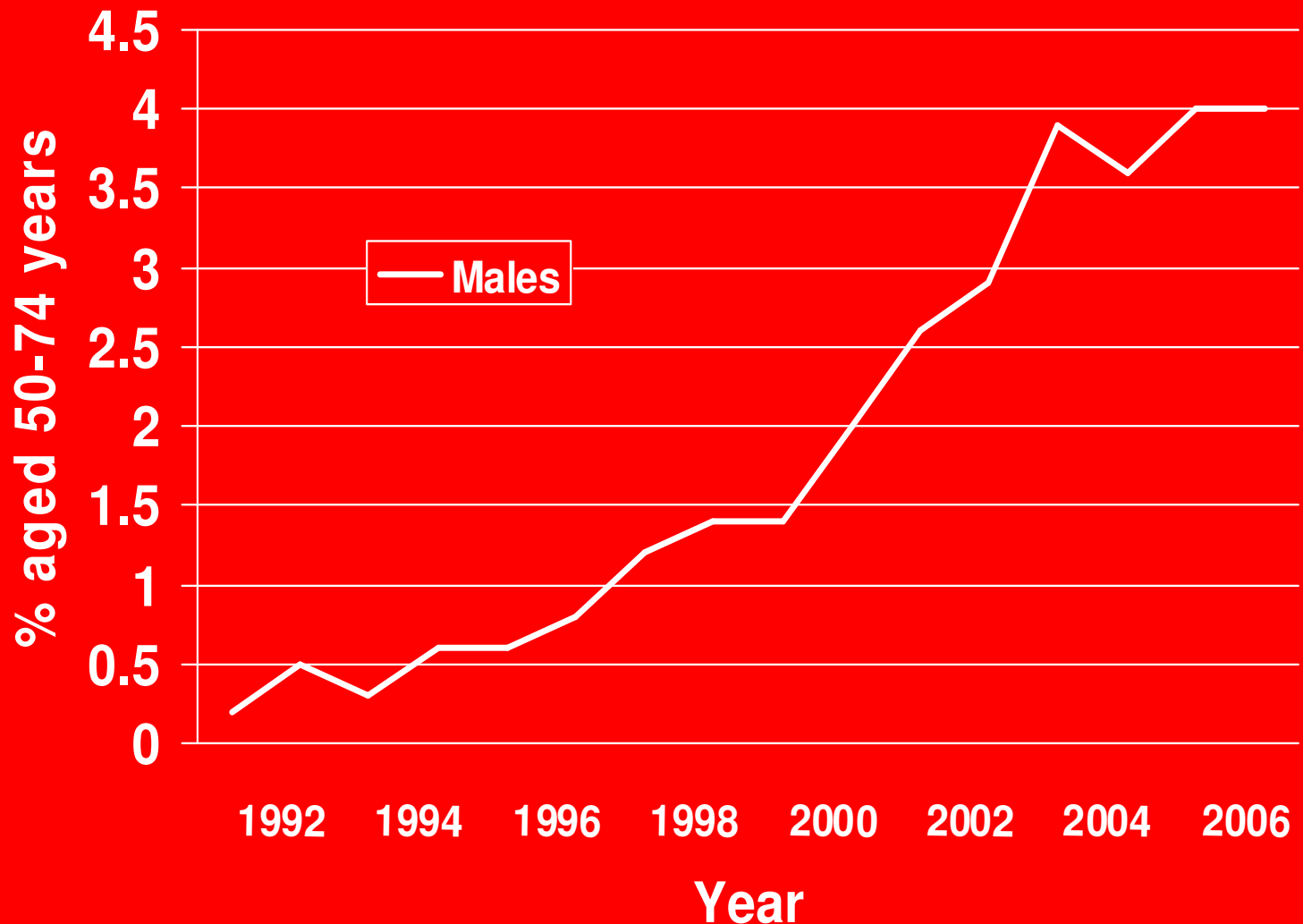
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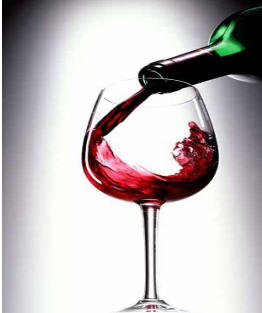
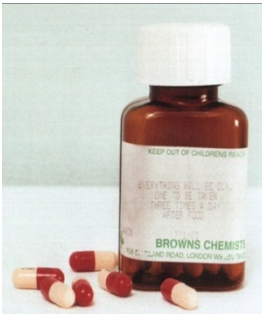




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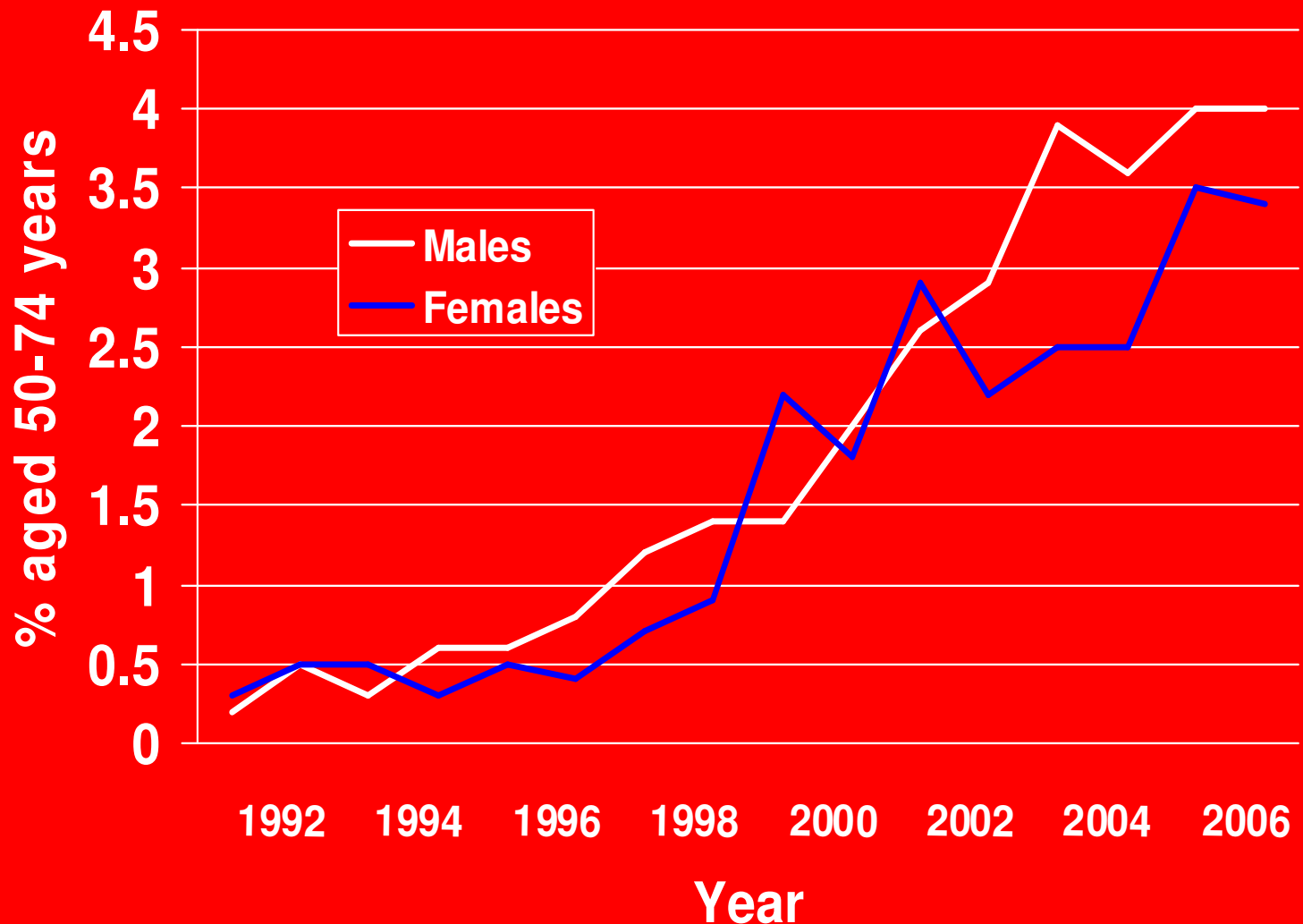
Age of Needle Exchange Clients (Merseyside)

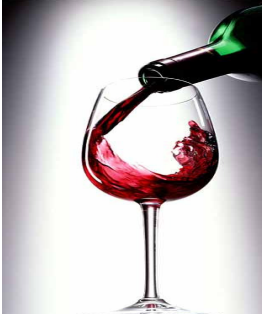




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Age of Needle Exchange Clients (Merseyside)

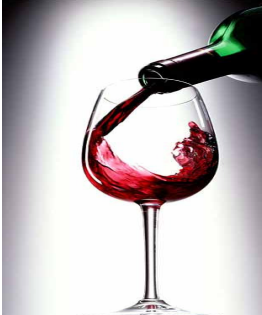
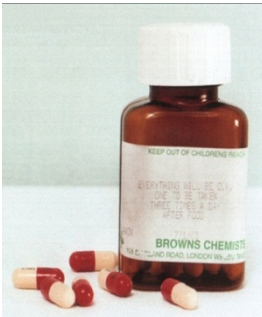




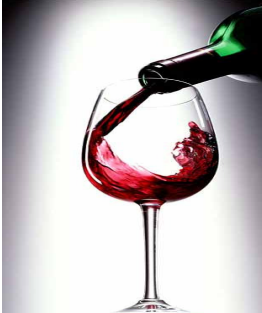
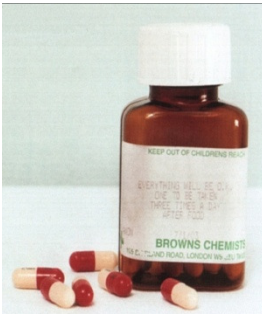
So we know that....

In Merseyside and Cheshire:

1. Drug users in treatment are ageing.
2. Injectors in contact with syringe exchange schemes are ageing.



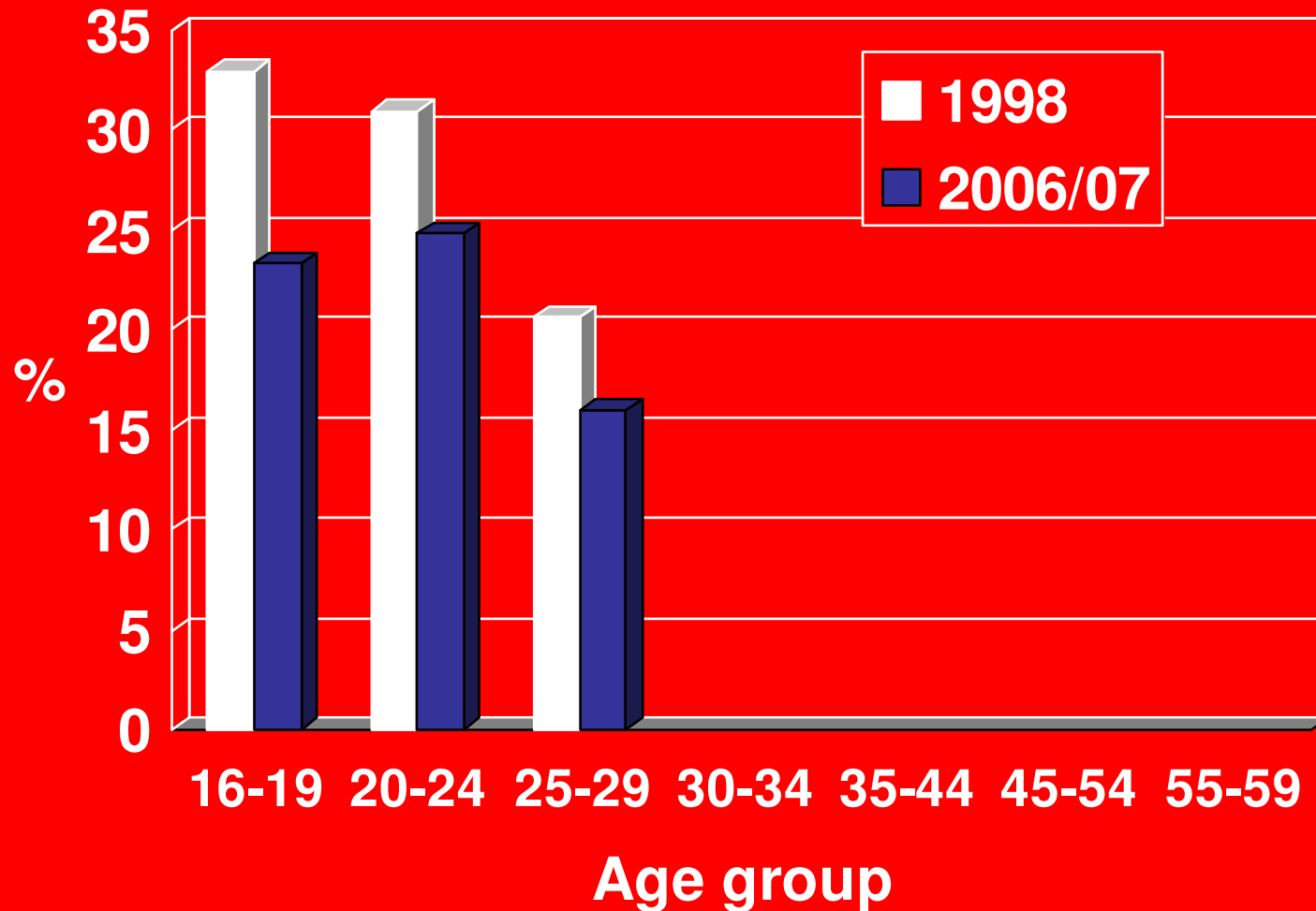
What about the age of the drug users in the general population...?

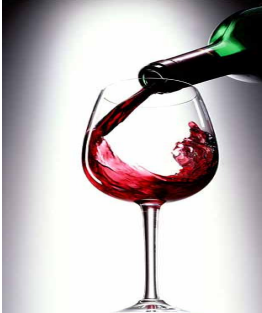


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British Crime Survey

'last year prevalence' of any illicit drug

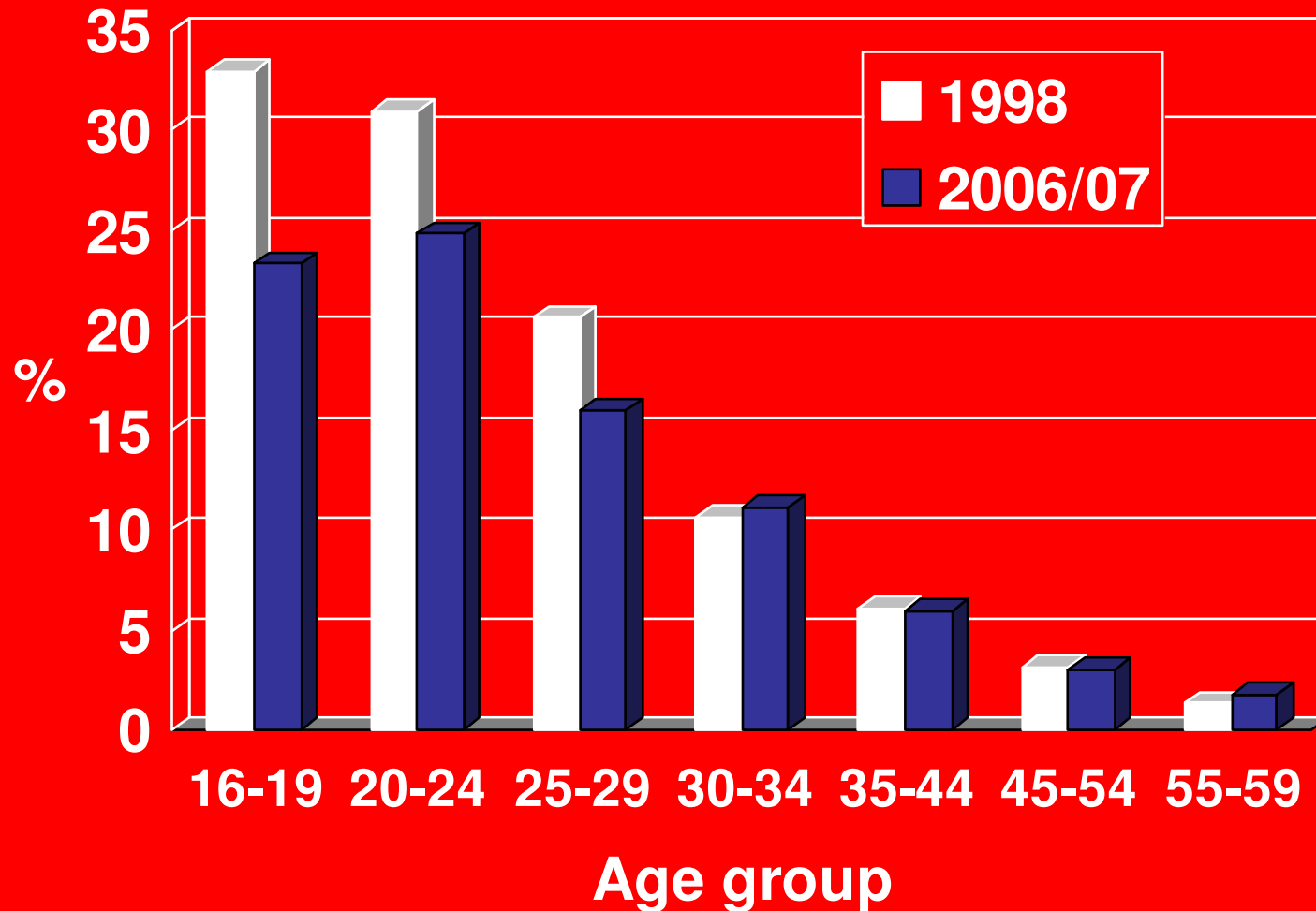


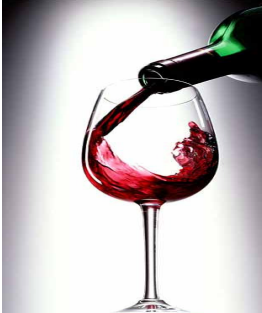


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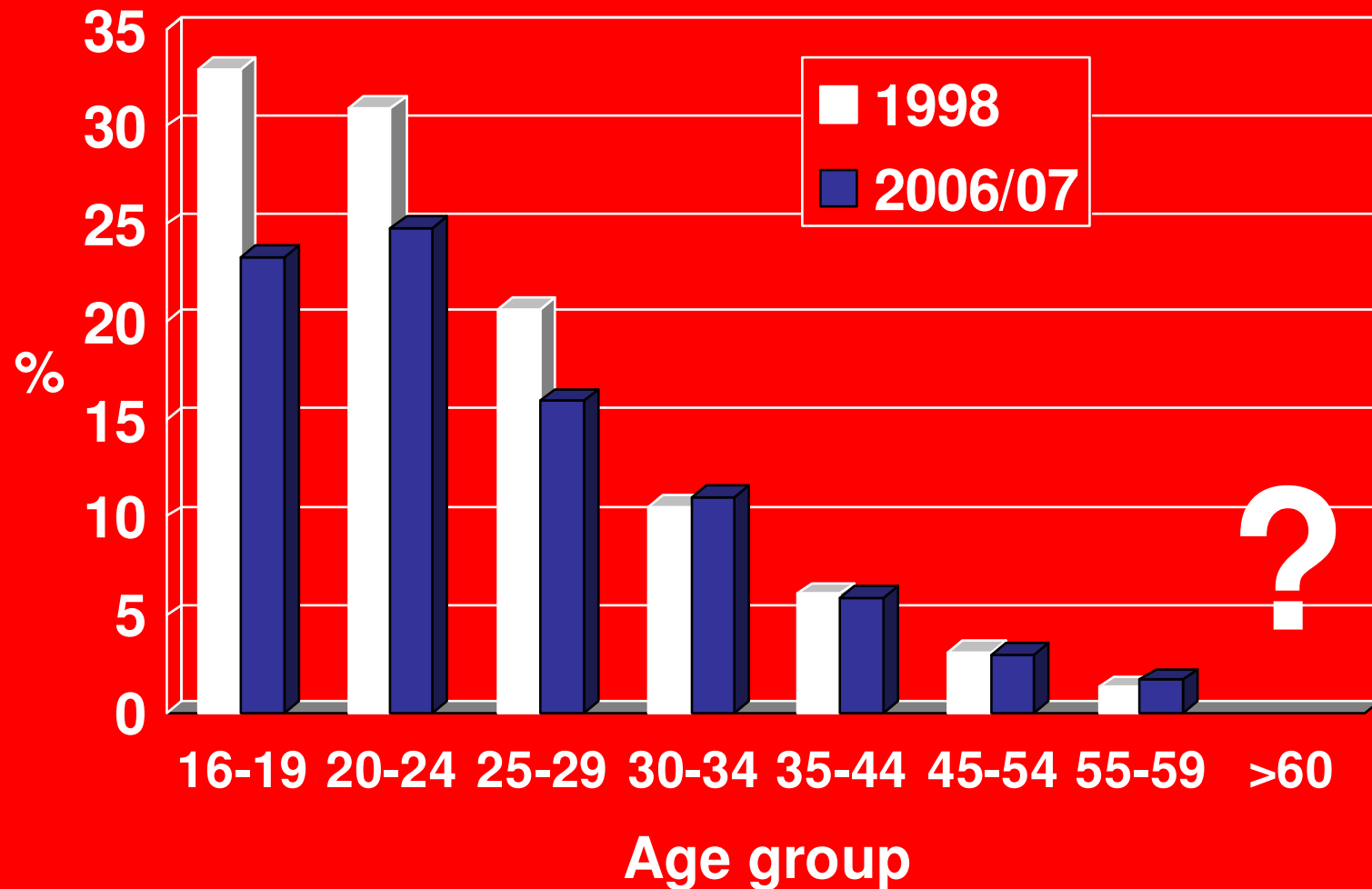


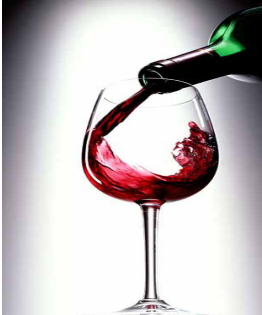


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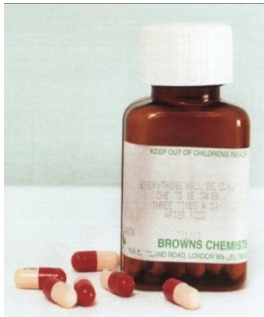
British Crime Survey

'last year prevalence' of any illicit drug





‘very low prevalence rates for the use of prohibited drugs’ among people aged 60 and over (Roe 2005, British Crime Survey).



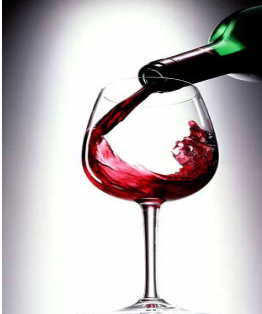
Qualitative interviews of drug users aged 50 and over

Methodology:

- Semi- structured interviews.
- Interviews were all conducted by the same interviewer.
- Interview duration: up to one hour.
- Data were collected in January/February 2008.
- Interviews were taped and transcribed and analysed thematically.
- Interviewees were recruited via drug services in Merseyside.

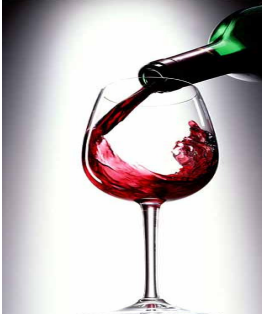
Sample Characteristics

- 9 men and 1 women.
- Age range: 54 to 61.
- 6 were single, 4 were divorced
- Accommodation included: hostel, own home (council house, flat or housing association bed sit), care home, caravan.
- All were, or had been, problematic drug users.



Drug Use Initiation

- Late onset drug use.
- Adolescence or early adult years.
- Recreational use, experimentation, escape, part of the 'hippie era', triggered by childhood abuse or parent dying.
- Drugs first used: alcohol, cannabis, LSD, amphetamine, morphine hydrochloride, heroin, speedballs (heroin and cocaine), psilocybin-containing mushrooms.
- Late onset problematic drug use.



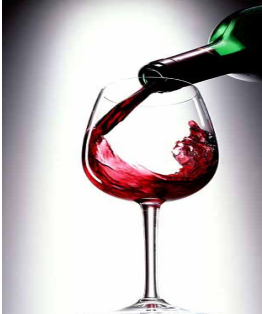


Current Drug Use

- Trying to 'use' responsibly and to maintain their health and personal safety.

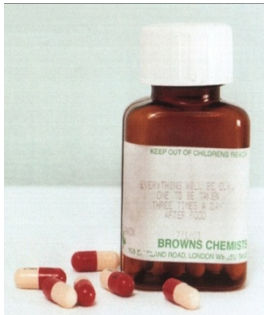
“So I’ve got to be very careful, my body’s not what it was. Occasionally I can get carried away and I’ll be feeling, because I’m feeling young inside, I’ll be feeling young outside, which is just not so. These days I’ve got a handle on that. If I’ve been drinking a lot I won’t smoke. Even if I’m not feeling too good, I’ll leave it until the alcohol’s worn off some to make sure that I’m not going to go asleep and not wake up.”

Physical Health



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- High levels of physical morbidity.
- Chronic and life threatening conditions: circulatory problems (deep vein thrombosis, ulcers, stroke), respiratory problems, pneumonia, diabetes, hepatitis, liver cirrhosis.
- Malnutrition, weight loss, obesity, impaired mobility.
- History of accidental injury (e.g. falls) and overdose.



Physical Health: Hepatitis C

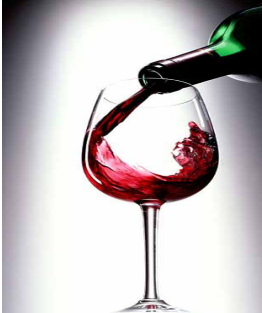
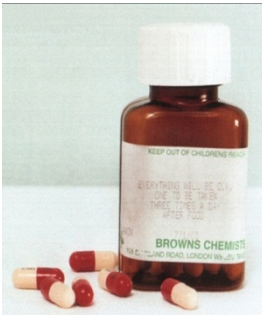
- Half had hepatitis C.
- Serious infection.
- Long asymptomatic phase.

“I’ve never really had any serious illnesses... I forgot the hep C y’know. I’ve had no symptoms. I haven’t been sick or anything y’know but I’ve got the virus”.

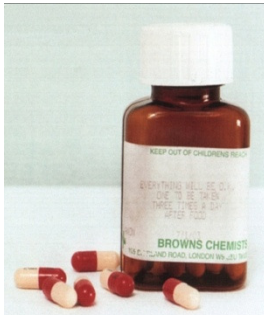
Physical Health: Vein Damage

- Switched to riskier practices.

“It’s harder now to inject because your veins. Your veins sort of go y’know... I’ve been injecting in my foot, which is stupid really, y’know. You can catch an infection and you could end up losing your leg”.



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Physical Health: Respiratory Problems

- Smoking related.

“I get out of breath easy. I absolutely panic then”.

“It’s tender inside and when I breathe I can’t breathe hard cos it hurts like hell”.

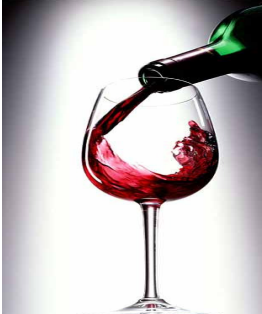
Mental Health

- Interviewees talked of a life using drugs as being depressing.

“It’s a depressing life y’know. It’s not good”.

- A way to forget problems.

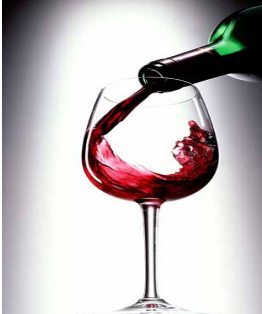
“That’s all we do anyway. Just take it [heroin] and just mong for the day like and forget about your worries and everything, got problems and you forget all that. Things like that; it’s the reason why people take it like”.

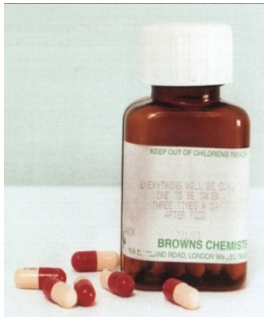


Mental Health

- Drug use escalated in times of stress.

“You reach a point in our life, different points in your life where you’ve got a lot of stress and the easiest thing in the world is to say ‘oh fuck it’. And once you’ve said that, if you’re a drug user, a drug abuser, once you’ve said that, you’re on the rocky road to destruction again”.

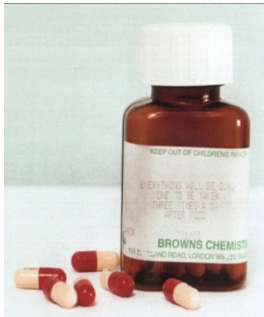




Mental Health and Social Relationships

- All participants were single or divorced.
- Loss of relationships (family members, spouse or partner, children, friends) common theme.
- Death of friends was particularly common and discussed in terms of causing depression.

“In fact they’re all dead now, aren’t they, pretty well. I think there’s about two left. And god knows how many all dead.”



Mental Health and Social Relationships

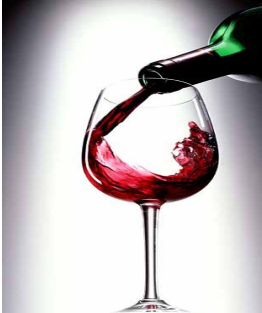
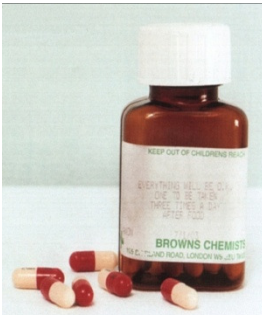
- Strong social networks very important for mental health of older people.
- All older people experience loss of friends and family but intensified in drug users.

“ It’s made me extremely depressed in as much as the few that were left are people I could talk to and at least there’s consolation in company if it’s good company... [now] the only company I could find if I wanted to would be people who are younger and on that totally different scene, and like I say, I have nothing in common with them... Consequently I find myself quite lonely at times”.

Health Service Contact: Hospitals

- Not always optimal.
- Perceived that staff treated them with stigma.

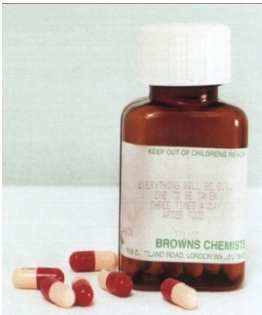
“Like normally when you go into hospital and they find out that you’re a heroin addict, they normally don’t want to know you”.

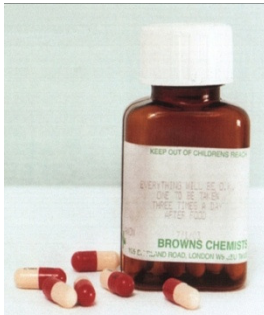


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Health Service Contact: Hospitals

“They didn’t diagnose it as a broken leg. They said there was nothing on the x-ray and I was in agony, y’know, with a walking stick and a broken leg. And I had to go three times to the hospital y’know... And I went back and they missed it again. And by then they’re getting the police to throw me out the hospital”.





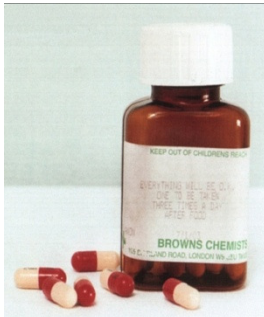
Health Service Contact: Generic Rehabilitative Treatment

- Perceived to be poor.

“I can’t get a physiotherapist to come out. Or she did and says ‘oh that’s great progress’. Just to tick me off her list”.

- Or was not taken up, despite being offered.

“I think my stroke will get better on its own if it’s going to get better. I really do. I don’t think anybody can do anything about it”.



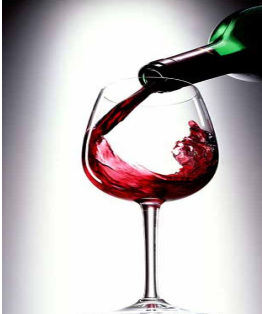
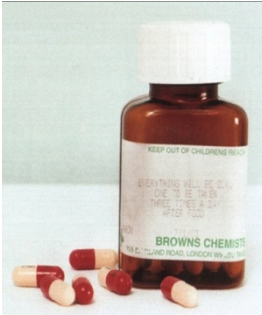
Qualitative interviews of drug users aged 50 and over

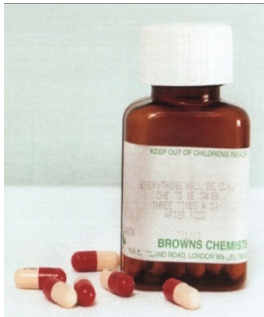
Conclusions:

- No claims to generalisability.
- High levels of physical morbidity: accelerated age-related health changes.
- Social isolation and depression.
- Generic healthcare was not always perceived as optimal.
- Despite considerable health needs, interviewees had low expectations of healthcare services.

Presentation Summary

- Older people do take drugs.
- The number of older people who are problematic drug users is increasing.
- Some people start drug use/problematic drug use later in life.
- Generic and specialist health services must respond appropriately and effective interventions sought.
- Generic healthcare is important.
- More work is needed to understand the experiences of older drug users.





Thanks to...

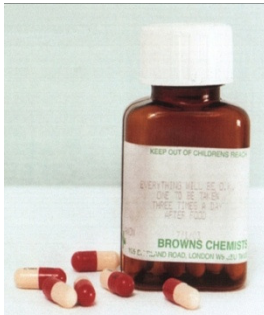
Jim McVeigh (CPH) Brenda Roe (Edge Hill), Paul Duffy (CPH) and Lucy Pickering (Oxford Brooks University):

Beynon CM, McVeigh J and Roe BA (2007). Problematic drug use, ageing and older people: trends in the age of drug users in northwest England. *Ageing & Society*, **27**, 799-810.

Beynon, CM (2008). Substance abuse and ageing: older people do take drugs! *Age & Ageing*, **38**, 8-10.

Beynon CM, Roe B, Duffy P and Pickering L (being revised). Self reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in Merseyside, United Kingdom. *BMC Geriatrics*.

Roe B, Beynon CM, Pickering, Duffy P (sumbitted). Older People's Experiences of Drug Use Across the Life Course: An Exploratory Study of Aspects of Ageing and Drug Use, Health, Quality of Life, Relationships and Service Use. *Ageing and Society*.



Shameless Plug!

Centre for Public Health and North West NTA:

Conference on drug use and older people later in 2009.