

**Harm Reduction International
Civil Society Contribution to the 128th Session of the International Narcotics Control Board:
The Use of Drugs Among Older People
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The Use of Drugs Among Older People

There is a scarcity of global disaggregated data on drug use by age, making older people who use drugs a largely invisible and underserved population. Older people who use drugs face complex additional risks linked to their physical and mental health; for example, ageing, combined with the health effects of medium-to-long term drug use in the context of largely punitive legal environments, may compound or worsen health issues. Older people are also reported to experience heightened stigma associated with their drug use and may experience difficulty in navigating complex health and social care systems. Combined, these factors make older people who use drugs particularly vulnerable.

A number of high-income countries formally report increased numbers of older people seeking health services for drug use. In addition, there are examples of health and harm reduction programmes for older people, and reports of gaps in programming from a small handful of countries.

This submission (A) collates evidence of trends in ageing drug use, and (B) highlights examples of challenges faced by, and the unique vulnerabilities of older people who use drugs.

1. Defining ‘older people’

There is no defined age group for the term older people in the specific context of drug use.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has considered the needs of ‘older people with drug problems’ encompassing people aged **over 40 years**. Data from the Australian Needle and Syringe Program Survey considers a category of people who use drugs aged **45 years or older**, and three national data sources collected by the Center for Behavioural Health Statistics and Quality (CBHSQ) in the US examine illicit drug use among adults **aged 50 or older**.

2. Evidence of drug use amongst older people and the need for health services

A 2018 study under the ERASMUS-Project Better Treatment of Ageing Drug Users (BETRAD) reports that many long-term opioid users in Europe are ageing and in their 40s or 50s.¹ For example, some European countries are already reporting mean ages of 40 years and older for treatment entrants with opioids as the primary drug.² BETRAD notes changing trends in Europe: the proportion of opioid clients aged above 40 years entering treatment was one out of five in 2006, and two in five in 2015.³

BETRAD emphasises that older people who use drugs have a high need for support and often have health and social comorbidities.⁴

A 2017 **EMCDDA** study concludes that ‘older people with drug problems’ (defined as people over 40 years whose recurrent drug use is causing them harm or is placing them at a high risk of such harm) are likely to

¹ Better Treatment for Ageing Drug User National Report, The Netherlands 2018. Retrieved from: http://www.betrad.eu/wp-content/uploads/2018/09/180831_BeTrAD-National-Report.pdf

² Better Treatment for Ageing Drug User National Report, The Netherlands 2018; European Drug Report 2015. Luxembourg. Retrieved from: http://www.emcdda.europa.eu/attachements.cfm/att_239505_EN_TDAT15001ENN.pdf

³ European Drug Report 2017. Lisbon. Retrieved from: https://www.emcdda.europa.eu/publications/edr/trends-developments/2017_en

⁴ Better Treatment for Ageing Drug User National Report, The Netherlands 2018 http://www.betrad.eu/wp-content/uploads/2018/09/180831_BeTrAD-National-Report.pdf

experience ‘negative life outcomes’. The study emphasises that there will be increased demand for health and social care for older people who use drugs in coming years – predicting this will be most acute in Western European countries that saw increases in heroin use in the 1980s and 1990s. EMCDDA concludes there is an increasing need to develop responsive policies, treatments and services to support the needs of older people who use drugs in Europe.⁵

In 2019, the **UK Advisory Council on the Misuse of Drugs (ACMD)** reviewed evidence of an ageing cohort of people who use drugs and assessed the implications of this trend. Based on submissions received, the ACMD reports that specialist community drug services are treating an ageing cohort of patients, predominantly comprised of people dependent upon opioids.

The ACMD observes a demonstrable shift in the age of individuals accessing treatment for drug use and that “an ageing cohort, who have survived lengthy histories of heavy drug use, now account for an increasing proportion of those in specialist community drug treatment in the UK and in Europe.” In terms of implications, the ACMD concludes that “many substance misuse services in the UK do not cater adequately to the needs of this cohort, meaning that ageing drug users may feel disengaged and fall out of treatment or be perceived and/or actually judged as unsuitable.”

In a review of 25 years of data collection, the **Australian Needle and Syringe Program Survey** reports an increase in the median age of respondents, from 29 years in 1995 to 42 years in 2019 (the survey has been conducted annually since 1995 and NSP attendees across the country have participated on approximately 57,000 occasions).⁶ In 1995, 2% of survey respondents were aged 45 years or older, compared to 42% in 2019. Over the past 25 years the proportion of survey respondents aged 45 years or older increased significantly.⁷

The Australian Needle and Syringe Program Survey also reports that in 2019, the median age of HIV positive survey respondents was 49 years, and more than two thirds reported last injecting methamphetamine.⁸ This offers a unique insight into the intersecting challenges of age, health and drug choices – all three likely to attract specific stigma.

In the **USA**, a 2017 study by CBHSQ combining three national data sources projected that illicit drug use among adults aged 50 or older will increase from 2.2 percent to 3.1 percent between 2001 and 2020.⁹ Specifically, the number of older Americans with ‘substance use disorder’ is expected to rise from 2.8 million in 2002–2006 to 5.7 million by 2020. The study remarks on the complexities of higher rates of chronic health conditions and the taking of prescription medication (both associated with ageing) on top of illicit drug use. Overall this creates a “cohort of older adults who may experience the negative consequences of substance use, including physical and mental health issues, social and family problems, involvement with the criminal justice system, and death from drug overdose.”

3. Examples of service engagement and challenges faced by older people who use drugs

⁵ Responding to the needs of ageing drug users. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide, 2017 Retrieved from:

https://www.emcdda.europa.eu/system/files/attachments/6225/EuropeanResponsesGuide2017_BackgroundPaper-Ageing-drug-users.pdf

⁶ The Australian Needle Syringe Program Survey (ANSPS) is conducted in all states/territories and provides serial point prevalence estimates of HIV and HCV antibody prevalence, HCV ribonucleic acid (RNA) prevalence and sexual and injecting risk behaviour among people who inject drugs in Australia.

⁷ The Australian NSP Survey 25 Year National Data Report 1995 - 2019 (including direct excerpts from p6). Retrieved from:

https://kirby.unsw.edu.au/sites/default/files/kirby/report/ANSPS_25-Year-National-Data-Report-1995-2019.pdf

⁸ The Australian NSP Survey 25 Year National Data Report 1995 - 2019

⁹ Mattson M, Lipari RN, Hays C, et al. A Day in the Life of Older Adults: Substance Use Facts. 2017 May 11. In: The CBHSQ Report. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2013-. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK436750/>

The following examples of service engagement and challenges faced by older people who use drugs are based on a mixture of government and civil society reports and data.

- In **Morocco**, civil society reports needle and syringe programmes distribute injecting equipment unsuited to the needs of older users, who require different needle sizes. This creates a barrier to older people accessing sterile commodities for their needs.¹⁰
- A 2018 survey among clients receiving heroin assisted treatment (HAT) in **Switzerland** reflects an aging population - the proportion of HAT clients older than 35 years increased from 22% to 85% between 1994 and 2017.¹¹
- In **Australia**, the proportion of opioid agonist therapy (OAT) clients aged 60 years and over has increased since 2010.¹² Reports attribute ageing in the OAT client population to three factors: methadone being available in Australia for more than 40 years, OAT reducing the risk of premature death, and clients seeking OAT for the first time at an older age.
- In the **UK**, Bristol Drugs Project (BDP) reports that people who use drugs aged 55 years and/or older report feeling out of place in spaces with younger clients. BDP further reports:
 - “Older people who use drugs experience social isolation and have a range of needs relating to income, housing and stigma.”
 - “Long-term use can produce a feeling of hopelessness about any possibility of change and profound fear of both recovery (in a world where their recovery capital has shrunk) and continuing dependence into older age.”
 - “Clients suffer from a range of other conditions as well as drug use, and these can lead to problems, including the possibility of medication interactions.”
 - “Diversity within the group is often not recognised with other minority special needs being overlooked.”
- Also in the **UK**, Release reports that when older people who use drugs need larger doses of medication to relieve pain, they are often categorised as engaging in ‘drug seeking’ behaviour.¹³
- In **Scotland**, the Scottish Drugs Forum highlights “The breakdown of social networks and isolation is a major feature of older problem drug users as a group and these impact significantly on users’ well-being.”

4. Conclusion

Data and examples from a number of countries indicate a growing number of older people who use drugs with unique vulnerabilities and needs. In consideration of the INCB’s mandate and ongoing dialogue with governments, Harm Reduction International urges INCB to:

- I. Highlight the needs of older people who use drugs, including the need for more disaggregated data;
- II. Promote rights-based policies, harm reduction interventions, treatments and non-judgmental services for older people who use drugs; and
- III. Encourage governments to invest in health-based programmes for older people who use drugs.

¹⁰ L’Association de Lute Contre le Sida (ALCS); Morocco. Middle East and North Africa Harm Reduction Association, Global State of Harm Reduction 2020 survey response. 2020 (*pending publication*)

¹¹ Gmel G, Labhart F, Maffli E. Heroin-assisted treatment in Switzerland - Results of the 2018 survey (Research report no. 108). Lausanne: Addiction Switzerland; 2019

¹² AIHW. National Opioid Pharmacotherapy Statistics Annual Data collection 2019 [Internet]. Australian Institute of Health and Welfare, Australian Government; 2020. Retrieved from: <https://www.aihw.gov.au/reports/alcohol-other-drug-treatment-services/national-opioidpharmacotherapy-statistics-2019>

¹³ ACMD Report 2019 - Ageing cohort of drug users. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/809092/Ageing_cohort_of_drug_users.pdf