

Cristina von Sperling Afridi
Chairperson, Karim Khan Afridi Welfare Foundation
Statement on Drug Use among Older People
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It is my great pleasure to present the Karim Khan Afridi Welfare Foundation's (a civil society organization from Pakistan) statement on "*Drug use in older people*" at the 128th session of the International Narcotics Control Board. I would like to draw attention to the harmful effects of drug use on older people.

Drug use among older people needs urgent attention as the use of drugs has usually been perceived as a behaviour of the young only, with little attention given to the presence of this trend among older people. Due to this approach, substance abuse in older adults remains an overlooked & hidden problem. It is under-identified, underdiagnosed and undertreated by the health care systems, despite the use of illicit drugs by people aged 50 and over increasing globally, and reflecting a growing ageing population. These changes in global demographics point to an increase in both the number and proportion of older people worldwide.

The world is ageing fast – with every tick of the clock, two people celebrate their 60th birthday. In 2020, there are an estimated more than one billion people aged 60 and above across the globe. Given the fast pace of this demographic shift, it is estimated that by 2050 over one fifth of the world's population will be over 60. This means that, for the first time in history, older people will outnumber children under 14 years old.

Around the world, increasing numbers of individuals are abusing drugs and alcohol in their later years. Substance abuse may begin early or late, with some individuals initiating substance use for the first time in old age, perhaps following a stressor such as medical illness or death of their spouse. The way different cultures treat their elders may also be a contributing factor pushing these people to take up drug use. Aspects such as loneliness, living alone, or in old people's home with no emotional or family support may also be a driver of intake of drugs to cope with these burdens. Substance abuse in the elderly has many negative consequences including physical

and mental health problems, social and family strain, legal problems, and death from alcohol or drug overdose. Evidence suggests that the current “Baby Boom” cohort of aging adults in the western countries, born from the mid-1940s to mid-1960s, abuse alcohol and psychoactive prescription medications at a higher rate than previous generations did. This current cohort of aging adults will continue to grow at a rapid rate, in many developed nations constituting almost a doubling in numbers from 2008 to 2030.

The use of drugs among older people has received relatively little attention clinically and has long been an under-researched area, the importance of which is only recently becoming recognized. The reasons for this silence are varied: Health care providers tend to overlook substance abuse and misuse among older people. The result is thousands of older adults who need treatment and do not receive it.

There is evidence in some countries that the use of drugs among older people, although starting from a low prevalence, has been increasing over the last decade and at a faster rate than among younger age groups. In the United States, for those aged 60 and above, growth in prevalence rates was more pronounced, with an almost fourfold increase in the last decade, while the total number of annual drug users among those aged 60–64 quadrupled and increased more than sixfold among those aged 65 and older. The total number of people in the United States who used drugs in the past year at 50 and older rose from some 900,000 people in 1996 to 10.8 million people in 2016, equivalent to a 12-fold increase.

Pakistan has an estimated around seven to ten per cent of the population (approx 15 million) over 60 years old. A rising life expectancy means a higher proportion of older men and women living in Pakistan, posing new questions for agency and care of the older people.

Scarce data on drug utilization among elderly in Pakistan along with lack of investigation of poly-pharmacy (taking ≥ 5 medicines per day) makes the problem thrive on. A lack of government control on prescription drugs in Pakistan and likely other developing countries also contributes to abuse of drugs among the elderly

population. In addition, older adults are more likely to hide their substance abuse and less likely to seek professional help. Many relatives of older individuals with substance use disorders, particularly their adult children, are ashamed of the problem and choose not to address it.

Policy makers, multilateral agencies and all stakeholders can no longer keep their eyes wide shut to this growing menace afflicting the older populations. Concerted action is needed to tackle this enemy within. The elderly are more vulnerable to substance abuse due to a variety of risk factors & environmental conditions. There is a dire need to focus attention on the unique problems of substance abuse in elderly as they are currently “invisible” in terms of service provision, clinical guidelines & research.

Substance use disorders in older adults can lead to significant problems for individuals, families and communities, and present major challenges to primary care and substance use disorder treatment providers due to increased comorbidity with medical, mental and cognitive disorders in later life, and increased rates of suicide.

It is vital that we do not allow substance use by older adults to become a neglected problem among our neglected citizens. The increasing number of older adults with substance use problems will place new and greater demands on treatment services. Programmes that are accustomed to dealing mainly with young populations will need to adapt to meet the needs of this older group.

This fact brings with it the obligation to develop approaches and review interventions to ensure that they are also appropriate for older citizens. Addiction treatment and other healthcare services are insufficiently aware of the needs of older drug users and need to anticipate and prepare for predicted increases in demand from this age group. It is urgent that physicians improve their skills at diagnosing and treating substance abuse in the elderly as increase in the awareness of the scope of this problem gains attention and a better understanding in this important area of practice is seen.

I strongly believe that we need to focus on raising awareness on the use of drugs among older people. The more aware we are of the wide range of issues surrounding drugs, the better chance we have of preventing their spread. And the development of awareness has to encompass far more than one target audience, and has to seek to do far more than just impart information. In trying to deal with the misuse of drugs, we have to be willing to encourage dialogue - between parents and children, within families, and among communities.

Thus to effectively address the 'world drug problem' There is so much we can do together to help our older people stay healthy. We cannot let narcotic drugs and drug abuse be an accepted part of an elderly life. International cooperation is crucial in order to successfully prevent drug abuse. As we all know there is still much work to be done.

We at KKAWF, participate as civil society with the intent to learn, share and contribute towards our objective and to be part of the process leading finally to its fruition. KKAWF successfully implements an evidence based prevention education programme nationwide and has contributed to policy and legislative advisory in Pakistan in 2019-2020 in KP province and leadership of the government of Pakistan's sub-committee on Awareness & Prevention of the National Drug Prevention Advisory Committee (NDPAC).

The growing use and abuse of illegal drugs among older people, are both scourges. We need to take action now for a better future for all.

Thank you

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The Karim Khan Afridi Welfare Foundation (KKAWF) is a non-profit organization, registered as a foundation under Government of Pakistan, Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961 with registration number VSWA/ICT/696, working on drug awareness amongst the teenagers in Pakistan. KKAWF is also registered with Federal Board of Revenue (FBR), Government of Pakistan, with National Tax Number 7222148-8 and Certified by Pakistan Centre for Philanthropy. Member of Vienna NGO Committee and Member of Dianova International. We are also registered with The Data Universal Numbering System (DUNS) Number 645760203, NCAGE and SAM.gov.