

Fear of detoxification was a strong theme - and one which may be well-founded - as drugs are metabolised more slowly with increasing age, leading to higher blood concentrations over longer periods of time. Community and residential detoxification programmes need to recognise and adapt to these metabolic changes in older drug users.

At a commissioning and policy level the needs of older problem drug users do not seem to be anticipated or planned for. Bristol Drug Strategy Team have been looking at these needs in the 2009/10 Adult Drug

Treatment Plan and Age Concern have recently started working with older alcohol users. However, within mainstream Health and Social Care commissioning, the needs of older problem drug users doesn't yet seem to feature on their radar. *Older drug users are a growing population in Bristol, and nationally, and the needs of older drug users requires appropriate thought and planning before a much larger population is a reality.*



Bristol Drug Project (BDP) is an independent agency with 24 years experience of delivering treatment services to drug misusers with the key aim of 'maximising people's potential.' Services range from needle and syringe programmes to an abstinence-based community treatment programme. BDP is funded by the NTA, the NHS, Bristol City Council and charities. In the year 2008-2009 2% of the 3,271 individuals who accessed BDP services were aged 55 or over.
www.bdp.org.uk



St Monica Trust
The St Monica Trust has been providing high quality accommodation, care and support for older and disabled people for almost 90 years. Driven by its vision of people living independent, dignified and fulfilled lives, the St Monica Trust aims to achieve well-being for older people through innovative care, support and accommodation.
www.stmonicastrust.org.uk

Full referenced report available from rachel.ayres@bdp.org.uk

The Forgotten Generation? The Treatment Experience And Needs Of Older Drug Users In Bristol

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Context

"Sorry: I thought you said that 2% of people getting help from BDP are over 55. You did? But I thought most drug users were young people."

It is hardly surprising that both the public, and until very recently, commissioners and policy-makers have seen drug use as a problem of youth: Government strategy places great emphasis on families and young people and has required development of 'transitions services' to ensure that children and young people receiving drug treatment don't fall down the gap that can exist between young people's and adult drug treatment services. At Bristol Drugs Project (BDP) we have commented in our Annual Review on the ageing cohort of people using our services for 5 years, and with 2% of the people we helped in 2008/09 aged 55 or over we decided we needed to prepare for this iceberg to surface. With funding from St Monica Trust we set about finding out whether older problem drug users have different needs from their younger counterparts and if so, what we and others should be doing differently to meet them.

Approach

Our research had 3 strands:

- Qualitative semi-structured interviews with 20 people aged 55 or over whose drug use was problematic: interviews took place between June and September 2009.
- A focus group, with 6 interviewees, exploring what changes to drug treatment services were needed.
- Approaches to commissioners & service providers responsible for buying or delivering health and care services for older people.

Participants were contacted through BDP's Shared Care service, Needle and Syringe Programme and by peers.

Interviews were conducted by two researchers at a location of the participant's choice.

Interviewees were asked about their experience of drug treatment; relationships with professionals involved in their care; how their other health needs were met; reasons for continuing drug use; self image; barriers to treatment beyond Opiate Substitution Therapy (OST); and how services might be more accessible and appealing to older drug users.

Results

Interviewee characteristics

Of the 20 people aged 55 or over, 3 (15%) were female, the age range was 55 to 66 and 1 individual was from a BME community.

Current drug treatment

19 of the 20 were engaged in Opiate Substitution Therapy (OST) - 2 with the local NHS secondary care service and 17 in Shared Care with their GP and BDP's primary care-based practitioners.

Relationship with GP & BDP Shared Care Worker

63% reported a very good relationship with their GP. However, the 4 interviewees who were unhappy with their GP felt that their drug treatment would be at risk if they registered with another GP.

Relationship with other health professionals

50% of participants were unhappy with their relationship with a pharmacist or pharmacy staff.

30% had examples of poor treatment in hospital or with a dentist.

All examples are characterised by a judgemental

attitude towards drug users and health professionals viewing requests for pain relief as drug-seeking behaviour. This indicates either a lack of awareness of a reduced tolerance to pain and the need for more, not less, pain relief, which needs to be addressed through training, or a punitive attitude towards this group of patients. A 65 year old man admitted to hospital with severe pain was told, *"oh you people go to any length to get more pain killers..."* He was discharged without diagnosis and re-admitted later that day for emergency surgery for a ruptured bowel.

Physical health care needs

35% felt they had other health needs that they weren't able to discuss with their GP – despite their satisfaction with their drug treatment.

55% were positive for Hepatitis C – but only 20% had been treated successfully.

Continuing illicit drug use

68% reported continuing use of heroin, crack cocaine or benzodiazepines in addition to their prescribed medication. 2 were clear that they still enjoyed their drug use while others gave reasons including: self-medicating for pain; boredom; and fear of change.

Self image

This was one of the strongest themes to emerge from the research, with 70% talking of feelings of embarrassment and shame at being drug dependent 'at their age'.

40% of participants also assumed that negative views were held about them by other professionals and by drug services - preventing them seeking other health care or further drug treatment. *"I buy Valium sometimes to get to sleep when my hip is playing up... I'm a junkie: I am too scared to ask (GP for prescription of Valium)."*

25% felt that their age itself was a barrier to getting help: *"It's my generation, you don't ask for help. There is this attitude, you made your bed, you deal with the consequences."*

Most talked about their withdrawal from drug-using networks – wanting to be away from the chaos assumed to characterise younger drug users' lifestyles.

Detoxification: the fear

Although the majority described positive experiences of treatment and negative views of themselves, only 37% were either contemplating or actively planning detoxification: the main inhibiting factor was fear. This was expressed in different ways:

- as a fear of failure and relapse to use of street drugs: *"I'm scared of needing to use and not knowing how."*
- as a fear of being 'done to': *"Yes I'd like to (detox) but only when I'm ready, we'll take it as it comes, no time limit or I'll fail."*
- as fear that detoxing would be much harder because of their age: *"I have thought about it, I have reduced but when I get to 10-12 ml my body hurts, joints ache, I'm scared...it would kill me."*

Paradoxically the other anxiety expressed was of failure to detox, becoming older, less independent and still needing opiate substitution therapy.

Barriers to accessing drug treatment agencies

19 of the 20 participants were engaged in OST but only 2 were involved in any other treatment services – both in structured day programmes. 55% gave their main reason for this as not wanting to be around younger drug users who were viewed as 'hectic or chaotic': others expressed fear of being judged, fear of being discovered as a drug user, fear of temptation to use more and for some, fear of physical intimidation:

"Older people are quieter, feel more vulnerable. Don't want to be around all those younger ones."

"Here it's all the youngsters; I've slowed down; I don't run around stealing cars etc. I don't want to be around that...I don't do that anymore – used to but not now..."

Assumptions were made about what treatment and group work meant and some felt they were reminiscent of school – and *"being done to."*

Fear of being judged surfaced again as a strong disincentive to access other treatment. Some expressed feelings that they had missed the boat. *"I am feeling like I might only have 20 years left – it feels too late."*

Others saw their drug use as an intensely private matter that they didn't wish to share: *"I've got myself sorted. I don't want to be with people who aren't settled."*

Implications

Drug treatment and OST delivered by GPs and BDP in Bristol is experienced as accessible and characterised by generally positive relationships with those directly involved in older drug users' drug treatment.

However relationships with other health professionals were frequently experienced as prejudiced, attributed to their drug dependence. A number of examples were given of where requests for pain relief or help with other physical problems were simply viewed as drug-seeking behaviour; the need for greater awareness of lower pain thresholds of those who are opiate dependent is clear.

35% of those interviewed were Hepatitis C positive but had not received treatment for this.

The least anticipated outcome of this study was the strongly negative self image most participants had of themselves as an older person dependent on drugs. Associated shame and embarrassment prevented people from seeking further treatment. This was

What does an ideal service for older drug users look like?

Whereas some participants felt their age was positive: *"I enjoy handing on my experiences; you need a mix of ages. In my group this morning a young user said how much he appreciated what I had said – it's nice to be appreciated."*

65% felt their needs were different because of their age.

Three clear views were expressed:

- The need for a separate space – more privacy than was perceived as currently available.
- An age specific service: *"I think people of my age group have different outlooks, come from different places..."*
- Literature aimed at attracting older people.

exacerbated by perceived *attitudes of younger staff in treatment services*: the need for training so all staff can be aware of the needs and anxieties of older drug users, is clear.

There is also a need for drug service literature to acknowledge the reality of older drug users and to give clear messages that they are welcome.

The sometimes chaotic lifestyle associated with younger drug users and the desire for greater privacy indicate the need for drug treatment services to pilot programmes for older drug users: isolation, ill health, bereavement and financial restrictions are likely to be more common experiences for older drug users and relapse prevention work needs to respond directly to these triggers for relapse.

A further age-specific observation was that a major reason for relapse - peer involvement and peer pressure - was almost absent from older drug users' lives. This reality again needs to inform the delivery of relapse prevention programmes and gives significant optimism for change.