Developing nursing practice, treatment and support services for ageing drug users

Substance misusers who started taking drugs as part of the 1960s ‘hippy culture’ are now part of the growing population of older drug users

INTRODUCTION
In a recently published study, Roe et al (2010) highlighted the issues faced by ageing drug users – an emerging population involved in problematic illegal recreational drug use. These individuals experience a variety of acute and long term health conditions, which impair quality of life. They are a particularly vulnerable patient group because, while many of them require continuing care, services for older drug users are not widely available.

Although a relatively under researched group, their continuing drug use, addictions and accelerated life experiences make them a small but important population. Nurses and other care professionals need to be aware of this group and be sensitive to their particular needs.

This study provides preliminary insights into the unique experiences of ageing drug users that can be used to inform practice, service development and further research.

BACKGROUND
Researchers predict that the number of people aged 50 years and over who have drug or alcohol problems requiring treatment is set to increase. Projections from the US estimate a rise from 1.7 million people to 4.4 million between 2000 and 2020 (Gfroerer et al, 2003). In Europe, it is estimated that the number of people aged 65 years and above who need treatment will double between 2001 and 2020 (European Monitoring Centre for Drugs and Drug Addiction, 2008).

A study in the north west of England of data from drug treatment services and agency based syringe exchange programmes reported a significant rise in both male and female users aged 55–59 years and men aged 60–64 years between 1998 and 2005. During that period, the number of men using drugs increased from 1.5% to 3.6% and the number of women involved in substance misuse grew from 1.9% to 3.2% (Beynon et al, 2007).

In the UK problematic drug use has been defined as use of opiates or crack cocaine (Home Office, 2008).

Services for older people who misuse drugs in the UK are neither widely available nor widely accessed (Crome and Bloor, 2006; 2005a; 2005b). Often, drug and substance misuse among older people goes unnoticed and access to services or treatment is not provided.

It was a direct result of our research team’s experience of caring for ageing drug users who were receiving treatment in primary and outpatient care that led to an earlier study (Beynon et al, 2007).

We then went on to investigate older people’s experiences of drug use and ageing and how it impacts on health, quality of life, relationships and service use (Roel et al, 2010). Our aim was to inform current practice, the development and commissioning of services, and future research.

The research is particularly relevant for ageing populations in developed countries who are living longer, who may have long term conditions and require health and social care services.
STUDY FINDINGS

The study involved qualitative interviews with 11 people aged 49–61 years (nine men and two women, with a mean age of 57 years) who were in contact with voluntary sector drug treatment services. All were single; five had been married but then divorced. Eight were living alone; of the other three, one lived with a someone who acted as a carer, one lived next door to a carer and the other with drug using friends. Their homes ranged from social housing, a hostel, a caravan or a care home.

Most of the participants started taking drugs and used substances for recreational use, to experiment or because it was part of the 1960s “hippy” culture. Child abuse and/or death of a parent were also cited as early life triggers for drug taking. However, some had started using drugs in their 40s in response to stressful events such as divorce or death, or because of a partner who used drugs.

Their first drug use included magic mushrooms, LSD, amphetamines, cannabis and heroin. No single drug acted as a gateway to others. Alcohol use and smoking featured alongside their drug use.

Over time, some individuals increased their drug use, while others had periods where they tried to reduce or abstain from drugs.

Substance misuse was often associated with chaotic lifestyles, relationship breakdown and divorce and loss of access to their children, which contributed to feelings of loss or sorrow.

Many participants had accelerated life experiences of death and dying. They described the premature deaths of friends, family members and other drug users due to overdose or accidents, as well as their own experiences of accidents or having overdosed.

Some reported periods of imprisonment, which they said had actually helped them to survive because it meant they had repeated periods of abstaining from drugs. Nine participants were taking methadone as maintenance or as part of a reduction strategy with a view to abstention.

Some participants did have access to their pets were important for some individuals; they provided companionship and a sense of responsibility as well as structure to the individual’s day.

Most of the people taking part in the study recognised their drug use was having detrimental and cumulative effects on their health; they had developed long term or life threatening conditions, which required hospitalisation and continuing treatment.

Their physical health conditions included:
- Circulatory problems – notably deep vein thrombosis or injection site ulcers;
- Stroke;
- Respiratory problems such as pneumonia;
- Hepatitis;
- Liver cirrhosis;
- Diabetes.

Common mental health problems included memory loss, changed mood states, anxiety, anger and paranoia. Malnutrition, weight loss and obesity were also features, as were accidental injuries due to falls or overdoses.

All participants wished they had not started using drugs and would advise young people not to do so. A few were keen to give up completely but others felt it was just too hard. One man described drug use as “disgusting and squalid”. Another stated:

“The more I seem to get older, the more it seems to go worse. At 56 now, I shouldn’t be doing this. I shouldn’t be going out grafting and then running round like a 19 year old ‘scally’ looking for heroin and coke. Like I shouldn’t be on methadone now. It’s madness.”

However, a number of individuals were trying to use drugs responsibly and their age and the influence of drug treatment services were factors in this. As a result of previous experiences, they also now seemed more aware than when they were younger of a need to maintain their personal safety.

They were positive about the support they received from voluntary drug treatment services – which included bereavement counselling – but some felt the services could be more sensitive to their needs.

This was particularly the case in relation to group work, where participants felt they had little in common with younger drug users. Some preferred individual approaches for this reason.

They reported mixed experiences of primary and hospital care; a few felt stigmatised by health professionals but others said they had experienced acknowledgement of their drug use and compassion.

CONCLUSION

This study interviewed a small sample recruited from the voluntary sector. To provide a greater understanding of the issues faced by ageing drug users, a larger cohort followed up over time is required. This should include people who are more affluent than this sample and who may pay for drug treatment services, as well as those people who are not receiving services.

The use of problematic or illicit drugs by older people has not featured in policy, research or service provision, which has been restricted to younger populations. However, our research shows a variety of drugs have been and continue to be used by older people. Ageing drug users are a vulnerable population with impaired health status, health needs, long term conditions and poorer quality of life due to their addictions and life experiences. Although they are in need of care from health, social and voluntary sectors, drug treatment services for older people are not widely available.

Nurses and other care professionals who work with older people should be mindful and sensitive to the needs of this small but emerging population, and tailor care and services to their particular requirements.

Awareness of older drug users should be raised so services can be commissioned and developed to meet their demands, particularly given that it is imperative they are able to access services.

Older people who have used drugs or who continue to misuse substances can play an important role in drug prevention; they can participate in healthcare programmes that are designed to deter younger people from using drugs.

REFERENCES


European Monitoring Centre for Drugs and Drug Addiction (2008) Substance Use Among Older Adults: a Neglected Problem. Lisbon: EMCDDA.

