

Exploring Drug Use in Older Adults: Navigating Challenges Toward Healthy Ageing

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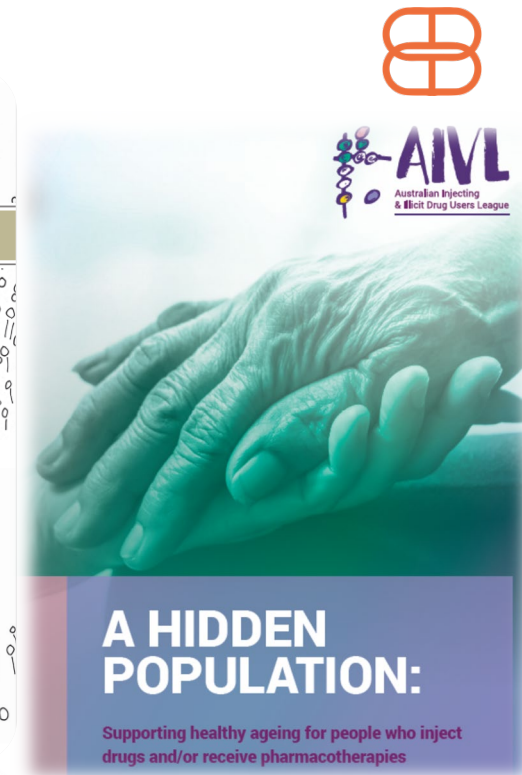
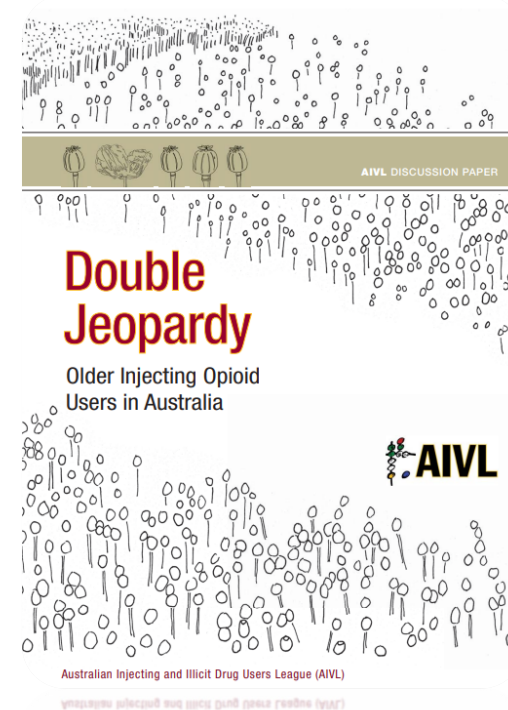


Acknowledgement of Country

I would like to acknowledge the traditional custodians of the unceded lands on which we are meeting this week – the Ngunnawal people I would also like to acknowledge that other people and families also have a traditional connection to the lands around the ACT. I respect this connection to Country and pay my respects to Elders past and present and First Nations people with us today. I recognise the strength, resilience, and capacity of First Nations peoples nationally and internationally and acknowledge their stories, traditions and living cultures.

A bit about me ...

- Born on Wiradjuri Country and moved with family to Ngunnawal Country when I was 12 to go to high school
- By 18, I had moved to Gadigal Country to study and play and finally settled in Wurundjeri Country in 1988 where my partner and I have proudly raised two children
- Shout out to AIVL for their reports 'Double Jeopardy' (2011) & 'Hidden Population' (2019) which documented the experiences of older people with many years of experience of drug use and also their consultations with aged care service providers
- My first APSAD in 1998 I was last speaker on the last day *'Peer Workers — Giving Insight into Education Strategies for Vietnamese IDUs'* so a big hello to those in the Harm Reduction 2.0 session 3pm Friday!



Acknowledgments and Disclosures



- Colleagues and friends from the Burnet Institute, La Trobe Uni, National Drug Research Institute Curtin Uni (Melbourne office)
- SuperMIX Participants for their time and on-going involvement
- Support from services across the recruitment sites: SHARPS Frankston; Innerspace Collingwood; Healthworks Footscray, Access Health St Kilda, MSIR Richmond, Living Room and cohealth CBD
- SuperMIX Cohort Funding: NH&MRC (project grants #331312; #545891; and CRE 1001144); ARC Discovery Project #220102593
- Currently the Treasurer for Harm Reduction Victoria and Honorary Life Member of Hepatitis Victoria/Liverwell; Editorial Board of DAR
- Despite being born well in the lottery of life the positive and negative consequences of alcohol and other drug use including overdose and other drug related deaths are very real to me and been with me for over 40 years

As an older person who uses drugs
I confront these issues...



**Reflect yourselves on what it is
that an older person who uses
drugs 'looks like'**

Expanding interest in understanding and working with older people who use alcohol and other drugs



- When I started at the Burnet in 1996 as a 31 year old it was ‘young people’ who dominated most interest and attention

While there are good reasons to expect substantial health problems in this population as they age, there are major gaps in current knowledge. There is an urgent need to identify the burden of disease experienced by older injectors, estimate anticipated costs to the health system and assess how the needs of this group can be most effectively met ...

(Higgs & Maher, 2010 Older injectors: An emerging and under-recognised public health issue DAR Editorial)

Inclusion

14 years on (Sutherland, Gisev & Larney (Addiction Editorial March 2024)

There is an urgent need to increase awareness of these issues among both health professionals and the older adult population, and to improve the capacity of our current health systems to provide multidisciplinary and evidence-informed interventions to address the chronic and complex health needs of these individuals.

Background around illicit / injecting drug use

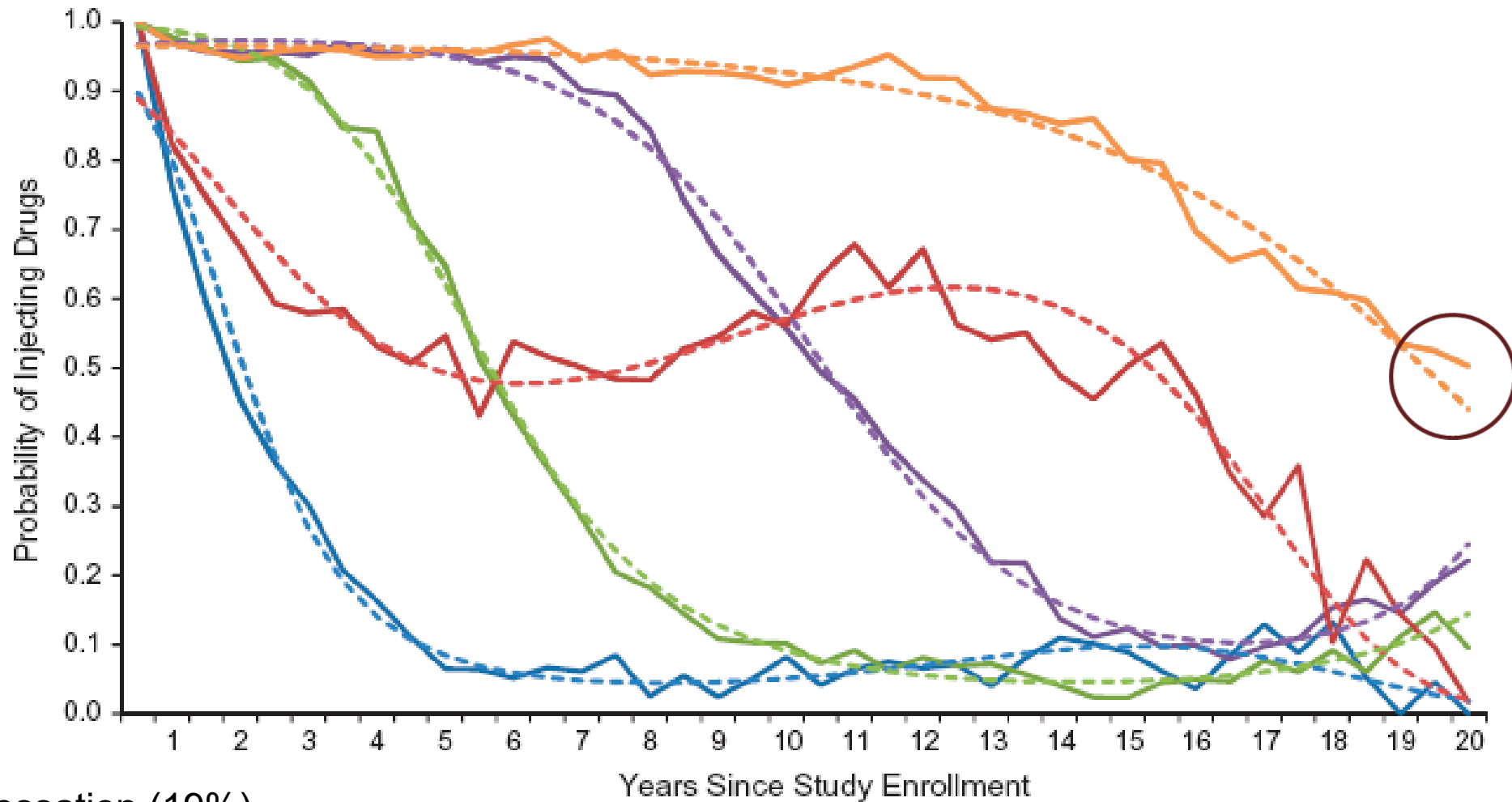


- Wide body of work describing trajectories of people who inject drugs over several decades (Haastrup & Jepsen 1988; Oppenheimer et al. 1994; Hser et al., 2001; Grella et al., 2011; Genberg et al., 2011; O'Kelly & O'Kelly 2012)
- From all this earlier work it is clear that a proportion of people continued to inject opioids from their late teens right through their adult life and into older age

Summarised in this Danish study ...

In contrast to our predictions in 1980 the number of persons achieving stable abstinence does not turn out to be steadily increasing with time. The number of active drug addicts [sic] declines mainly because they die, not because they achieve abstinence ... less than 20% would be classified as truly recovered. Another 5-10% achieve some unstable abstinence. The long-term prognosis seems to be highly unfavourable for the study population as a whole

Haastrup & Jepsen 1988. Eleven year follow-up of 300 young opioid addicts, *Acta Psychiatr Scand* 77(1): 22-6.



BLUE, early cessation (19%)

GREEN, delayed cessation (16%)

PURPLE, late cessation (18%)

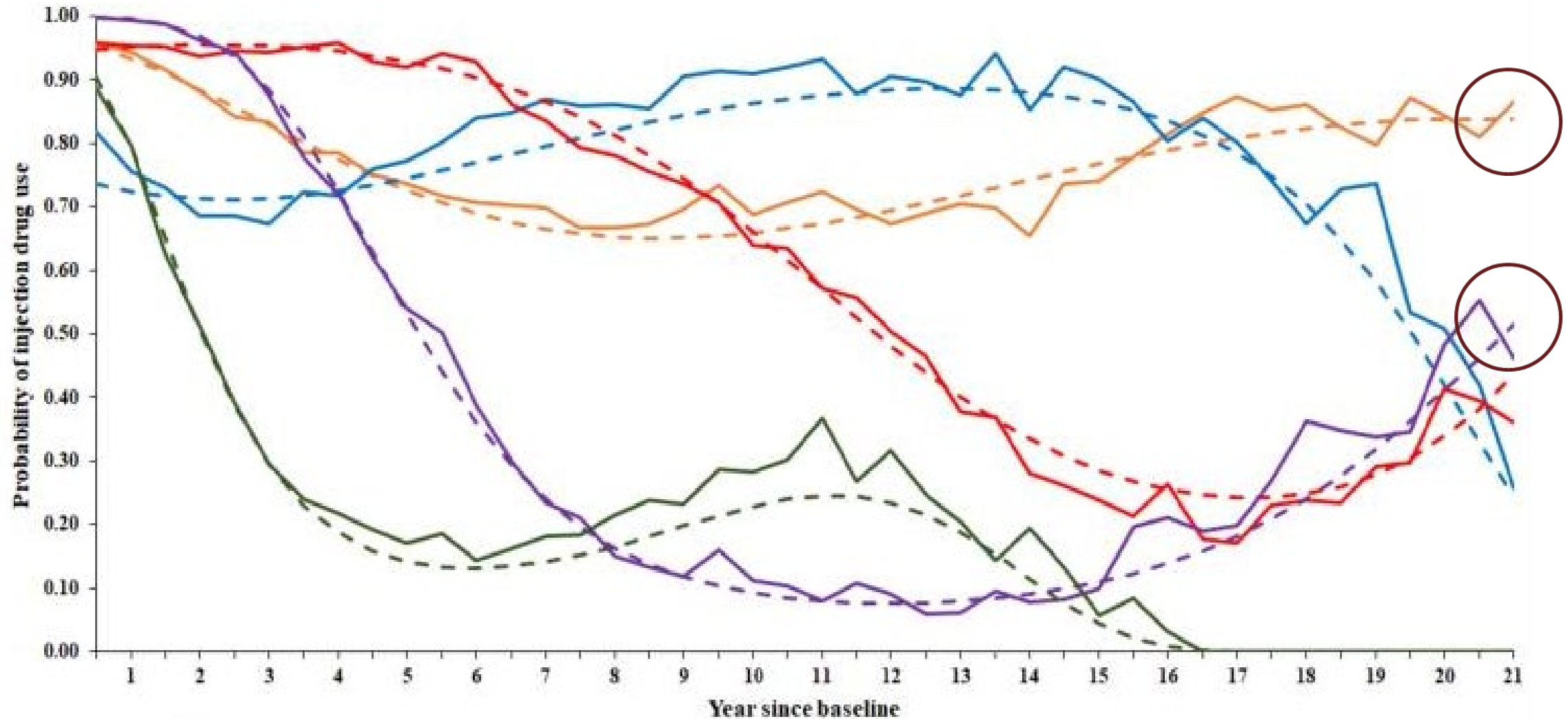
RED, frequent relapse (16%)

ORANGE, persistent injection (32%)

ALIVE cohort Baltimore, Genberg et al.,
2011 AJE

N=1716 HIV neg at baseline, at least 8 study
visits starting in 1988

Trajectories of injection drug use among people who use drugs in Vancouver, Canada, 1996–2017



ORANGE: persistent injection (25%)

PURPLE: early cessation with late relapse 11%

The Australian story



- We know that injecting drugs (speed & heroin) was well established by the early 1970s
- Many who started injecting in their late teens in the 1970s and mid 1980s and are now approaching or over 60 years of age
- Surveillance data suggest there is a large and ageing cohort of people who inject drugs in Australia (mostly heroin but increasingly poly drug use/injecting)
 - For example, in 2023 the **median age** for Aust. National Needle Syringe Survey (46 years) and Injecting Drug Trends Survey (46 years) and this has been increasing over time
 - Over 25% sample now aged over 52 years





- N=615 participants then followed up at 3 months and 1, 2, 3, 11, and 18–20 years post-baseline
 - 401 (65%) were re-interviewed after 18–20 years (**Mean age 47 years**)
- Recruited in treatment for heroin dependence (201 entering MM, 201 detox, 133 RR)
- 80 people not in treatment also recruited from NSPs for comparison
- At 18–20 years post their baseline interview:
 - Tragically 109 people (18%) were deceased (72 males, 37 female)
 - ~25% reported using heroin with ~15% were heroin dependent
 - 48% of the cohort were receiving treatment for heroin dependence, 36% of whom were receiving maintenance therapies
- The relationship between detox and poorer outcomes provides further support for the important role it plays in providing an entryway into additional treatment, rather than standalone treatment

Melbourne Injecting Cohort Study – SuperMIX



Established in 2008 SuperMIX designed to examine trajectories of injecting drug use as people age. With almost 2000 people in the cohort interviewed annually and followed using administrative linked data the cohort provides opportunities to understand this ageing population (Van Den Boom et al., 2021)

As at June 2024:

- Number of participants in the study: 1,878
- Total number of surveys completed: 7,353
- Average age of participants in the study 06/24: 44.5 years
- Average number of years in the study: 8.36 years
- Number of women in the study: 585 (31.2%)

Melbourne Injecting Cohort Study – SuperMIX



Key Observations (A bit more detail presented in the next set of concurrent sessions)

- Of the 901 participants interviewed since start of 2019, almost one-quarter (22%) of them were aged over 50
- When compared to those participants in the study aged under 50 years
 - Less were female (31% v 36%); or currently employed (9% v 17%) **BUT** more were living in stable housing (75% v 64%)
 - More people over 50 reported injecting in the previous month (21% v 11%) and more reported heroin as main drug injected (68% v 53%)
 - Participants aged over 50 were more likely to report seeing a GP (71% v 62%) and less likely to report recent contact with police (16% v 27%)
- Half of those aged over 50 reported current opioid agonist treatment and 85% reported current smoking with 28% reporting having vaped (e-cig use) in last 12 months

It is not just about injecting ... NDSHS, AIHW



- The National Drug Strategy Household survey collects information on alcohol, tobacco consumption and illicit drug use from the *general population* in Australia
- The survey has been conducted every 2 to 3 years since 1985
- The Australian Institute of Health and Welfare has been collating and reporting on these surveys since 1998
- About 21,500 people aged 14 and over completed the most recent survey between July 2022 and May 2023
 - Questions about alcohol, tobacco and other drug use, and attitudes and perceptions towards policies and reforms

PM's wife tells of daughter's heroin addiction

SYDNEY: Mrs Hazel Hawke, wife of the Prime Minister, said last night that her youngest daughter, Rosslyn, and her son-in-law have a heroin prob-



1985

Smoking rates over time by age

Who still smokes ?

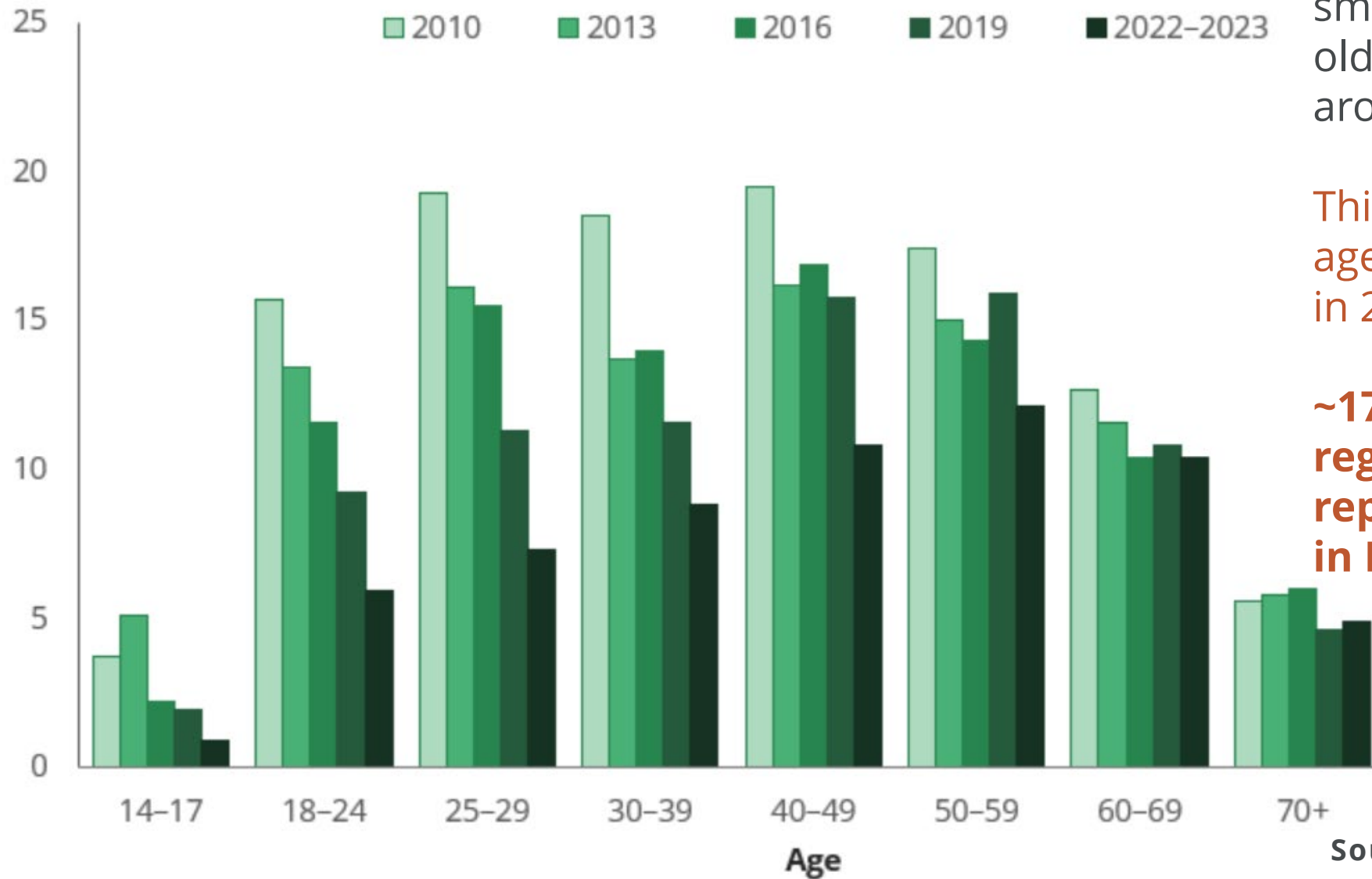
Around 25% of people who smoked daily were aged 60 or older in 2022–2023, compared to around 14% in 2010

This means that ~500,000 people aged >60 smoked tobacco daily in 2022–2023

~17% of adults in Outer regional and Remote areas reported smoking daily vs ~9% in Major cities

Per cent

2010 2013 2016 2019 2022–2023

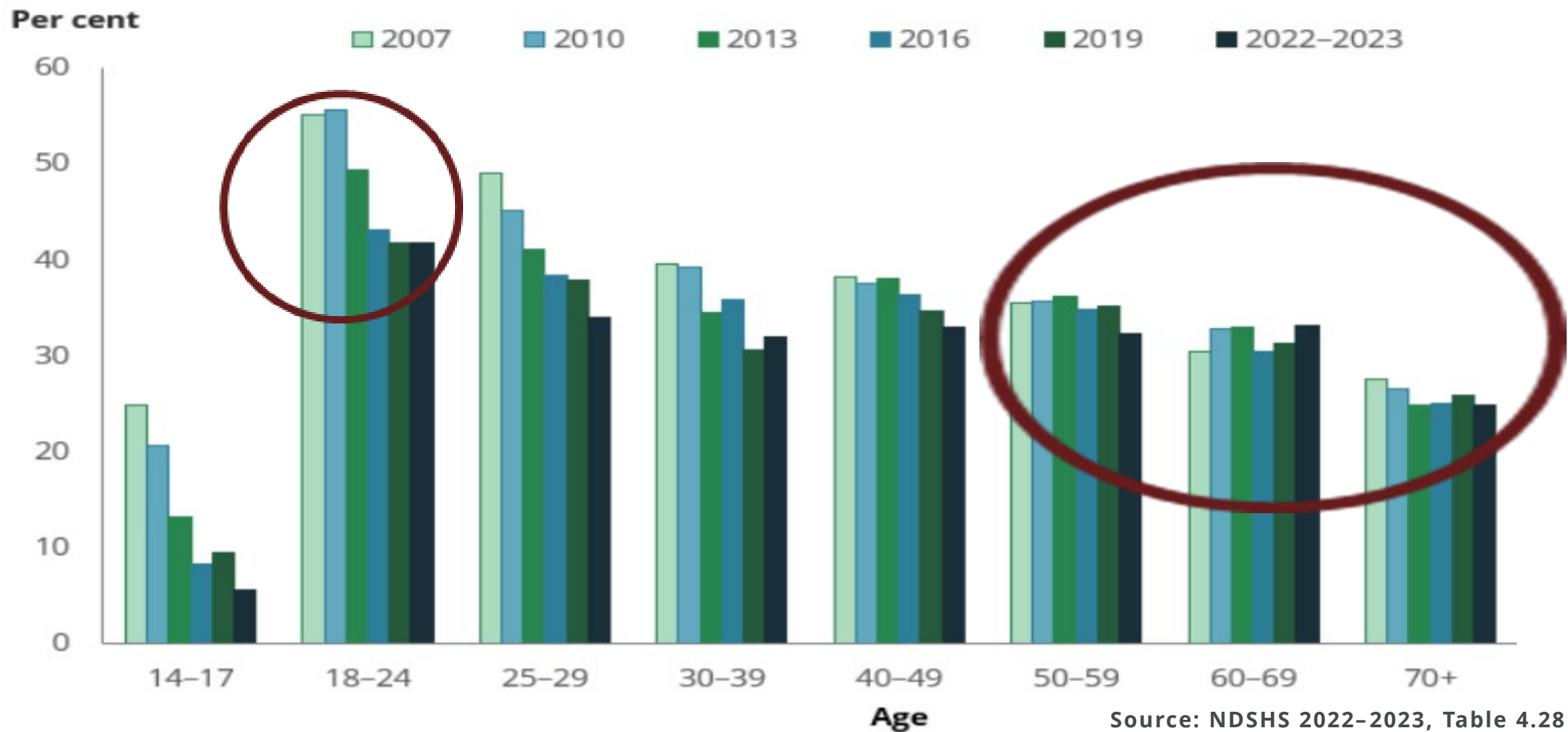


Source: NDSHS 2022–2023, Table 2.4.

Risky alcohol consumption by age (2007-2023)



>10 standard drinks p/w or more than 4 in a single day at least once a month



Drug of concern (2022/23 treatment data N=131,500)



- In 2022–23, **alcohol** was reported as a drug of concern in 43% of the 235,461 treatment episodes – **NB** does not include GP visits
- The most common source of referral into treatment was self or family (41%) followed by health services (37%)
- The most common treatment type was counselling (33%) followed by assessment only (23%) and withdrawal management (14%)
- 54% of people had been previously treated (last 10 years)



Drug of concern (2022/23 treatment data N=131,500)



- In 2022–23, **alcohol** was reported as a drug of concern in 43% of the 235,461 treatment episodes. **Alcohol most common principal drug of concern for older people**
- The most common source of referral into treatment was self or family (41%) followed by health services (33%)
- The most common main treatment type was counselling (33%) followed by assessment only (23%) and withdrawal management (14%)
- 54% of people had been previously treated (last 10 years)

- **48% of those aged 40–49;**
- **63% of those aged 50–59; and**
- **77% of people aged 60 and over**

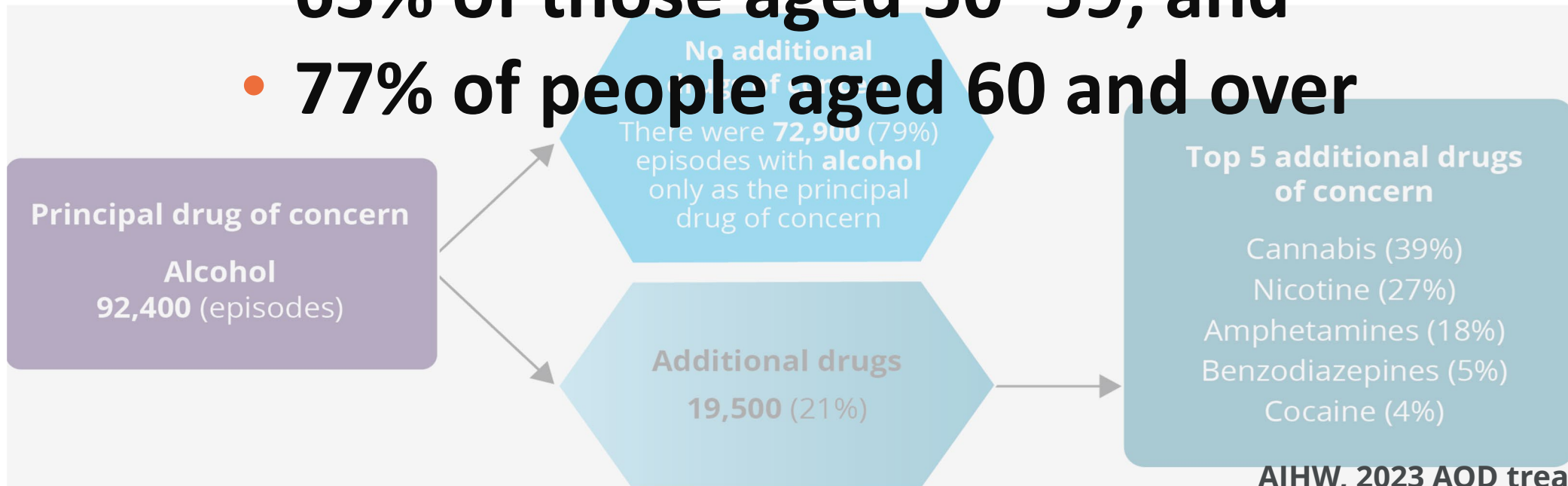
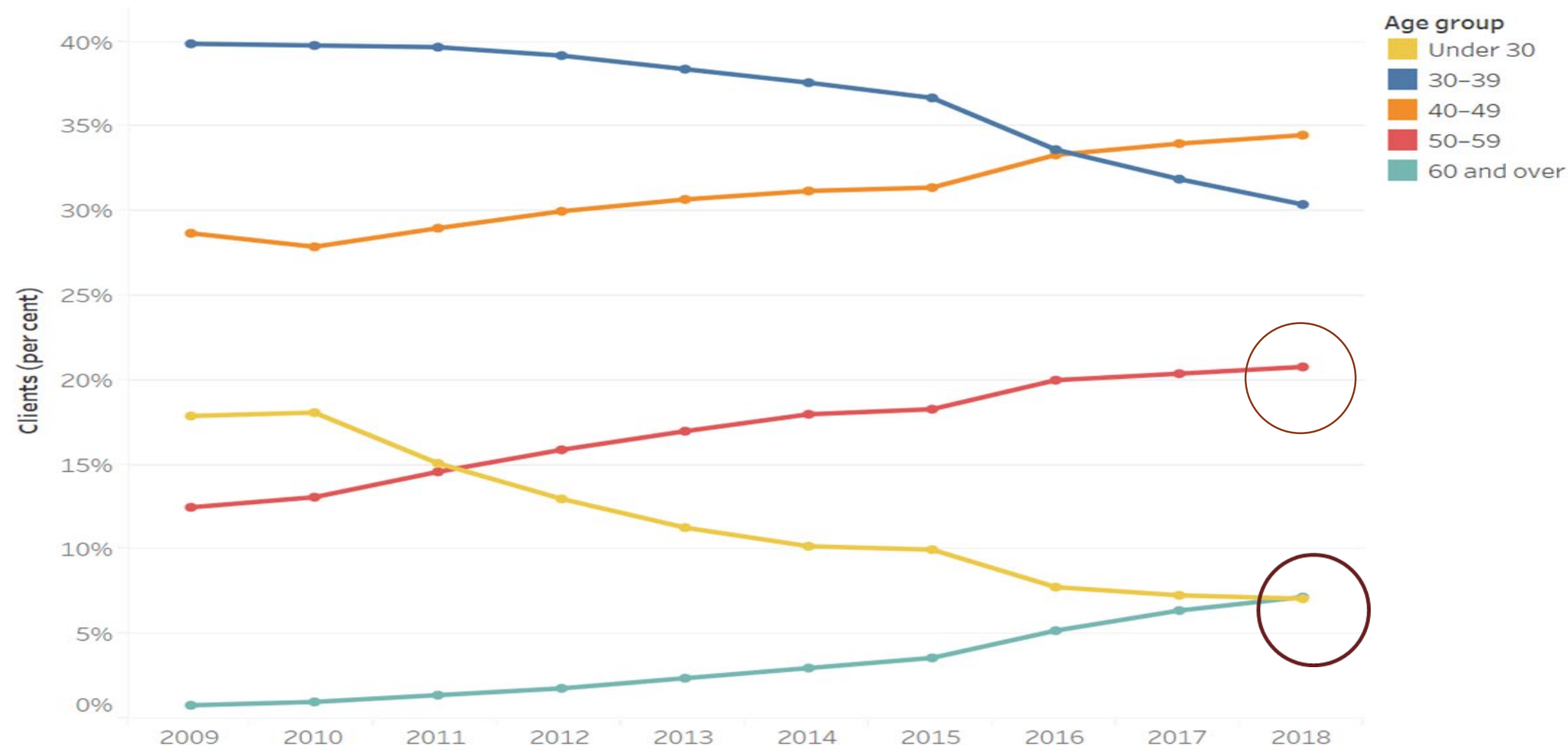




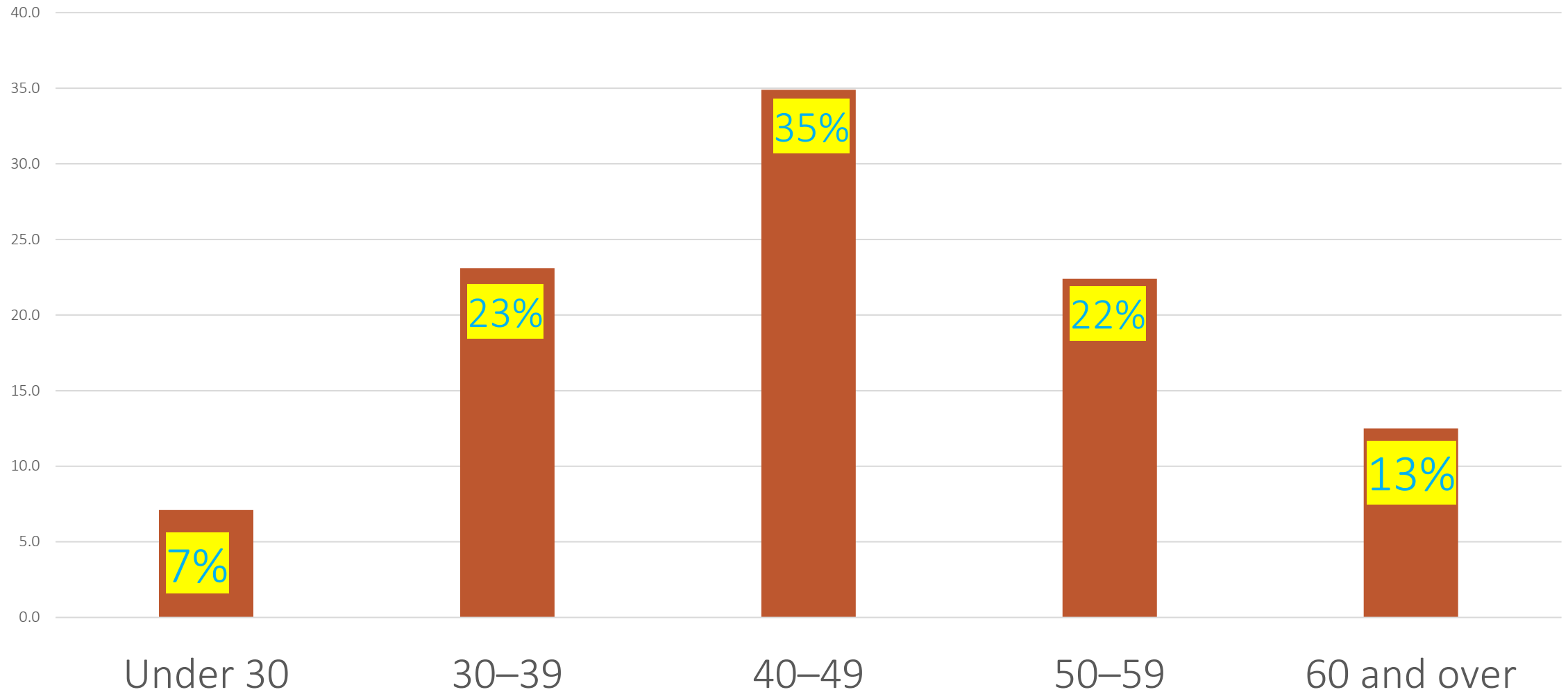
Figure C2: Clients receiving pharmacotherapy treatment on a snapshot day, by age group, 2009 to 2018



National opioid treatment census data from AIHW (2023)



Proportion of people being dosed opioid treatment age group – ~66% male



There is a large and not well understood population in the ageing groups !

But what about the voices of older people using drugs?



Some lovely work by Harm Reduction Victoria with a filmmaker Conor Ashleigh who combines his technical skills in photography, filmmaking, and participatory storytelling with a strengths-based approach to work with people and their stories

His film 'Getting On & Getting Old' based on interviews with older people will be launched during this plenary

- Themes of money, health, friends and having honest conversations with health care providers
- Also some interviews I have been doing



But what about people's voices on Getting old(er) ?



Oh, it's just always a worry. But I'm getting older too, you know. Sort of um yeah, I don't think ... I don't think I can actually stop. I know it sounds crazy 'cause sometimes it takes me hours to have a shot ...
(Helen early 60s)

I didn't really notice getting old until about three years ago ... It was with all this chest stuff, I got bad flu as well. My doctor wanted me to go into hospital and I said ... and I thought, "Oh yeah – no drugs ... NO I'm not going in there".
(Darryl late 60s)

I mean we're the few that have actually lasted. I mean I never thought I'd get to this age because when I started using drugs you didn't think you'd get old because there were no old drug users around us
(Joyce, late 50s)

And then there are other more public conversations ... about drug use by older people mostly men ...



Nick Cave – Australian Story (ABC) interview 12 August, 2024

Leigh Sales: Do you feel sitting here today like the same person to the guy that was, say, on the streets of New York trying to score 25 years ago?

NC: Yeah. I mean I don't, do that anymore, but I recognise the impulse and I don't have, this sort of desire to, to use drugs and drink and stuff. I don't struggle with that at all. I mean, those sorts of things are around me all the time. I still live in a rock and roll world, but I'm not tempted to return to that way of life, but I still recognise it and identify with it ... I'm a husband and a father and a person of the world. These things are much more important to me ...



Steve Kilbey discussing heroin (Andrew McMillen, Talking Smack, 2014)



I loved it. The moment the fucking stuff hit my nostrils, I was like, “Wow, this is what I’m looking for,” ... the moment that first line of heroin hit my nose, it all stopped. I was sitting there going, “Oh, I’m all right. I feel kind of cool. I feel like people could like me.” ... I felt warm and cosy and happy...
(circa 1991)

... heroin gave me up around 2002, I’ve had since then the occasional taste. I think probably last year I had a snort, but it doesn’t do it for me. I have no temptation. I’m just not interested anymore...



Kilbey and his mother Joyce, who famously offered to give up her tea ‘addiction’ if he stopped his heroin one

Paul Kelly ... no redemption narrative



...the usual sort of story of heroin is either tragedy or redemption you know you go down with it you don't get up or you go down and you come up and I just thought there was another story there (**Interview with Kerry O'Brien, ABC 2010 on How to Make Gravy memoir**)

And then at some point, I think in the mid-90s I got the warning bells. I don't know whether it was just because it was easy; it wasn't hard to find. And maybe because I'd gotten older and seen friends of mine who were also casual users – suddenly, they weren't casual anymore. They'd suddenly become serious about it... My usage crept up without it becoming habit-forming, but that was when the cost-benefit analysis came into play. To keep it as something to want, not to need; a thing of joy rather than necessity... I didn't take heroin because I felt bad or because I had an unhappy childhood, I just liked it... (**McMillen, A. *Talking Smack*, 2014**)





Navigating challenges to healthy ageing

- Clearly there are large numbers of older people who continue to use drugs both legal and illegal and legal ones illegally
- But are there specific sub populations of people that we should be putting our biggest efforts into working with?
- And how do we best engage with them in conversations about what is important to them?
- To improve people's health we must be doing more to end the 'postcode lottery' where those living in the poorest suburbs have the 'worst' health outcomes
- Improving social isolation and loneliness for many will make the biggest impact
- Providing non-judgmental care, support and compassion will help to make positive improvements in people's lives

A summary ... Inclusion... Innovation...Progress



- Limited work done with women to understand long-term opioid use (licit and illicit)
- A broad range of other social issues impacting on people's lives including housing, income generation, families and other personal relationships
- Need to better understand the issues for those who have been long-term participants in opioid substitution treatment and others who may have not received treatment regularly
- 'Elder abuse' by children who are using drugs
- End of life care in hospitals, aged care facilities and prisons
- Probably lots of others you've all started to consider

