

Not everyone stops in their 30s or 40s: Data from the over 50s in SuperMIX Cohort Study

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Burnet
reach for the many

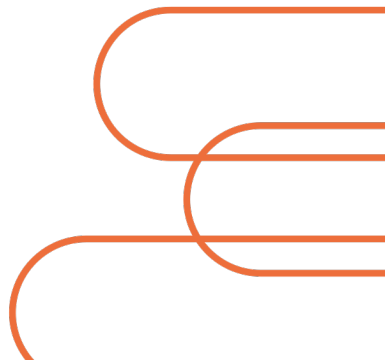


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Background

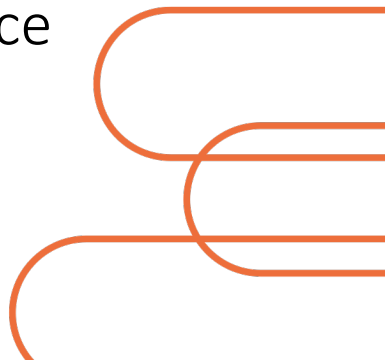
- 'Boomers' are credited with 'normalising' drug use in the 1960s-80s and experienced increased rates of drug use as teens and adults over previous generations
- National surveillance suggest the cohort of people injecting drugs is ageing with the average age in both studies now well into the 40s (IDRS; ANSPS)
- Opioid agonist therapy has likely contributed to increased longevity but there is limited research on long-term health outcomes for older people who use drugs
- Older people who continue to use drugs can be a more hidden population necessitating research to understand their specific health needs and the potential impact on healthcare systems – from primary to tertiary



The current study



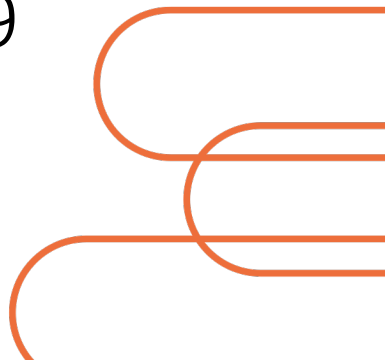
- Cohort studies are ideal for studying trajectories of ageing
- Established in 2008, the SuperMIX cohort study of people who inject drugs is designed to examine trajectories of injecting drug use as people age and provides an opportunity to understand this ageing population
- SuperMIX recruited younger people who inject drugs in initial recruitment rounds but they have now aged
- Preliminary comparisons across age groups on key social, drug use and service use variables





Methods

- Participants were stratified based on their current age
- Eligibility included only the participants who have completed at least one interview since January 01, 2019 (901 participants)
- Of the 901 participants, 199 (22%) of them were 50 or more and 702 (78%) of them were between 22 and 49 years of age



Key findings - Demographics



		Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
Gender	Female	61 (30.7%)	251 (35.8%)	312 (34.6%)	0.211
	Male	138 (69.3%)	451 (64.2%)	589 (65.4%)	138 (69.3%)
Aboriginal and/or Torres Strait Islander	No	173 (86.9%)	578 (82.3%)	751 (83.4%)	0.106
	Yes	24 (12.1%)	121 (17.2%)	145 (16.1%)	
Education Level	<=Grade 10	64 (32.2%)	165 (23.5%)	229 (25.4%)	0.0171
	Other	135 (67.8%)	537 (76.5%)	672 (74.6%)	
Employment	Unemployed	181 (91.0%)	584 (83.2%)	765 (84.9%)	0.00965
	Employed	18 (9.0%)	118 (16.8%)	136 (15.1%)	
Accommodation	Unstable	49 (24.6%)	256 (36.5%)	305 (33.9%)	0.00243
	Stable	150 (75.4%)	446 (63.5%)	596 (66.1%)	





Recent drug use (Last month injected)

	Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
Heroin	135 (67.8%)	370 (52.7%)	505 (56.0%)	<0.001
Methamphetamine	36 (18.1%)	157 (22.4%)	193 (21.4%)	
No injecting	21 (10.6%)	147 (20.9%)	168 (18.6%)	
OAT last 12 mnths	99 (49.7%)	421 (60%)	520 (57.7%)	0.0126

Drug most commonly used in the last month

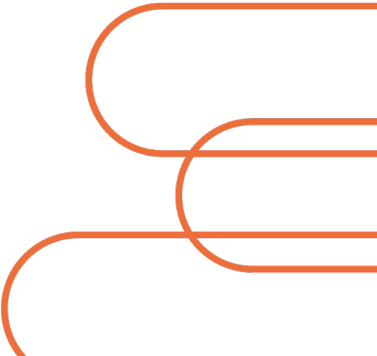


	Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
Cannabis	44 (22.1%)	160 (22.8%)	204 (22.6%)	0.00214
Heroin	111 (55.8%)	297 (42.3%)	408 (45.3%)	
Methamphetamine	27 (13.6%)	126 (17.9%)	153 (17.0%)	
Not using any illicits	9 (4.5%)	85 (12.1%)	94 (10.4%)	

Interaction with police in the last 12 months



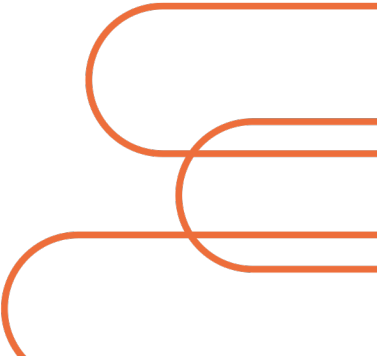
	Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
No	168 (84.4%)	514 (73.2%)	682 (75.7%)	0.00159
Yes	31 (15.6%)	188 (26.8%)	219 (24.3%)	



Health seeking since last seen (self-reported data)



		Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
Emergency Dept.	No	138 (69.3%)	448 (63.8%)	586 (65%)	0.174
	Yes	61 (30.7%)	254 (36.2%)	315 (35%)	
GP	No	58 (69.3%)	272 (63.8%)	330 (65%)	0.0165
	Yes	141 (30.7%)	430 (36.2%)	571 (35%)	



Other key experiences



		Above50 (N=199)	Below50 (N=702)	Overall (N=901)	P-value
Ever incarcerated	No	48 (24.1%)	252 (35.9%)	300 (33.3%)	0.00247
	Yes	151 (75.9%)	450 (64.1%)	601 (66.7%)	
Ever on OAT	No	23 (11.6%)	52 (7.4%)	75 (8.3%)	0.0844
	Yes	176 (88.4%)	650 (92.6%)	826 (91.7%)	
Ever Overdosed	No	171 (85.9%)	542 (77.2%)	713 (79.1%)	0.0101
	Yes	28 (14.1%)	160 (22.8%)	188 (20.9%)	



Discussion

- These data build on what is already known and help to better understand the patterns of drug use, personal and social trajectories for older people with drug injecting histories
- Data from SuperMIX suggest that people aged over 50 continue to inject drugs and, in line with the broader population, their health needs are likely to increase in the coming decades





Recommendations / Further work



LINKED DATA

Access to linked administrative data SuperMIX provides a unique opportunity to understand health utilisation



MORE RESEARCH

Major gaps in knowledge remain in relation to the burden of disease and how to effectively meet the needs of older people who use drugs



PALLIATIVE CARE

Palliative care responses especially for those with late presentations

References and things worth reading

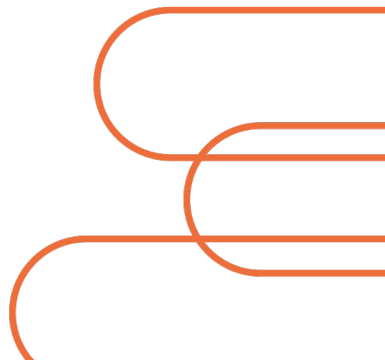


Baker, P., Genberg, B. L., Astemborski, J., Mehta, S. H., Kirk, G. D., & Cepeda, J. (2024). Relationship between patient activation and utilisation of health care and harm reduction services among people who inject drugs in Baltimore, Maryland. *Drug and Alcohol Review*. DOI: 10.1111/dar.13893

Dong, H., Hayashi, K., Fairbairn, N., Milloy, M. J., DeBeck, K., Wood, E., & Kerr, T. (2021). Long term pre-treatment opioid use trajectories in relation to opioid agonist therapy outcomes among people who use drugs in a Canadian setting. *Addictive Behaviors*, 112, 106655.

Larney, S., Jones, N. R., Hickman, M., Nielsen, S., Ali, R., & Degenhardt, L. (2023). Does opioid agonist treatment reduce overdose mortality risk in people who are older or have physical comorbidities? Cohort study using linked administrative health data in New South Wales, Australia, 2002–17. *Addiction*, 118(8), 1527-1539.

Zolopa, C., Høj, S. B., Minoyan, N., Bruneau, J., Makarenko, I., & Larney, S. (2022). Ageing and older people who use illicit opioids, cocaine or methamphetamine: a scoping review and literature map. *Addiction*, 117(8), 2168-2188.





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Thank you



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