BeTrAD

Better Treatment for Ageing Drug User

Assessment of Policies and Methodologies targeting the Needs of ageing Drug Users in the EU

Contact:

Jean Nico Pierre, Director
Fondation Jugend- an Drogenhëllef
93, rue d'Anvers
Country: Luxembourg
Post Code: L-1130
City: Luxembourg

Local Research Collaborators:

This project has been funded with support from the European Commission.
This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

Assessment of Policies and Methodologies targeting the Needs of ageing Drug Users in the EU

Christina Padberg, Heino Stöver

ISFF – Institut für Suchtforschung/Institute for Addiction Research at the Frankfurt University of Applied Sciences

March 2018

Contents

List of Figures

List of Tables

Introduction

The public but also professional discourse about dependency of psychoactive substances is still associated with young people. However, the total number and the proportion of older chronic and problem drug users in Europe have increased significantly over the past decades.

Problem drug use is defined as "*injecting drug use or long-duration / regular use of opiates, cocaine and / or amphetamines*" (EMCDDA 2009). This group is likely to suffer significantly from the negative social and health consequences of decades of drug use. Studies report that ageing and older drug users are often socially excluded and isolated from their friends, social networks and families (Cassar et al. 2009; Nezet et al. 2009).

Elderly drug users are considered those aged above 40 years whose recurrent use of psychoactive "*[…] substances is causing them harm or is placing them at a high risk of such harm. They are likely to encounter negative life outcomes due to their drug use and they have characteristics and trajectories distinct from those of their younger counterparts*" (Johnston et al. 2017). It remains outside for how many years the person has been taking drugs.

Based on demographic developments of the ageing population in almost all countries of the European Union, social and health structures are in an on-going process of adopting adequate responses to these challenges. The proportion of ageing drug users in Europe will continue to grow (Beynon et al. 2010).

The available information, briefly presented in this report, suggests that specialised treatment and care programmes for older drug users are rare in Europe. Concerns have been voiced that current treatment and care services may be required (e.g. see Beynon et al. 2009). There are a lot of new and significant medical, psychological and social challenges for policymakers, the drug treatment services and mainstream healthcare as well as support services because of the increasing number and proportion of older problem drug users[1] and the effects of chronic drug use (risk behaviours and ageing). In 2010 the EMCDAA published a selected issue about 'Treatment and Care of older Drug Users' where they collected information about drug policies, treatment and services in European countries (see EMCDDA 2010).

A survey of the Frankfurt University of Applied Sciences (Hößelbarth et al. 2011, 2017) confirms these assumptions in detail for a particular region and addresses the need for

1 injecting drug use or long duration/regular use of opiates, cocaine and/or amphetamines

increased attention. The previous Leonardo Da Vinci project 'Sucht im Alter' by the main applicant 'Jugend an Drogenhellef' Luxembourg (2013-2015) came to similar results and already identified needs and crucial response structures for the service provider.

Consequently treatment and support have to follow these changing needs because the increasing speed of ageing in the group of drug users adds to this problem and makes fast solutions even more important. The main objective of the Erasmus+ Project BeTrAD is to provide adult trainers and organisation in the drug service system, in geriatric institutions and local governments with tools and models of good practice, which create adult learning opportunities for the establishment and improvement of services for ageing drug user.

Therefore the target groups are adult trainers and organisations in the drug service system, in geriatric institutions and local governments but also ageing drug users and their representatives. High priority is given to involving them and their representatives in the development and implementation of project results (BeTrAD 2016).

1. Methodology and Project Goals of the BeTrAD Project

The aim of BeTrAD is to provide adult trainers and organisations in the drug service systems, in geriatric institutions and local governments with tools and models of good practice, which create adult learning opportunities for the establishment and improvement of services for ageing drug users. High priority is given to involving drug users and their representatives in the development and implementation of project results (BeTrAD 2016). At the same time, in order to reach these results, a basic knowledge of the treatment and care situation in Europe and the respective countries must be elaborated and presented.

1.1 Assessment of existing Policies and Services for ageing Drug Users in Europe

This report provides social services and healthcare providers, adult trainers, policy makers and higher education institutions with information about the demographical situation in each country, collects demographic data of the population of drug use, assesses the legal and health and social system conditions for this population group to access specific services and identifies methods and already existing services for ageing drug users.

This assessment report is an important intellectual output of the project, providing the following actions with basic data and guiding information on European and national level. It will provide social service and healthcare providers, policymakers and higher education institutions with information about the demographical situation in each country, collect data on demographic data of the population of drug use, assess the legal and health and social system conditions for this population group to access specific services and identify methods and services for elderly drug users:

- Identify specific policies and methods targeting the needs of elderly drug users;
- Identify and collect best practice models for effective services for ageing drug users (outpatient and inpatient);
- Identify models of best practices for a good collaboration of drug and geriatric services.

In order to achieve these goals an assessment and desk review has been carried out to collect existing information, data and research with regard to existing policies and methodologies to facilitate services for ageing drug users. Country-specific information of 28 countries has been collected from: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and United Kingdom.

This information is summarized in this assessment report. For some of the countries we were not very successful in finding national or local data. Five of the countries are project partner countries (Czech Republic, Germany, Luxembourg, Netherlands, Spain). In these countries, the literature research and expert collaboration were conducted and more in-depth information on ageing drug users could be generated.

The design of this assessment report is separated into two methodological parts, the desk review/ data collection and expert consultations.

1.1.1 Desk Review and Data Collection

Within the desk review / data collection, an assessment matrix has been developed. The Matrix has been reviewed and revised three times by the project partners before starting the survey. With this instrument, data and information have been collected and documented in a comparative and comprehensive way. The matrix queries the following aspects for each of the 28 European countries:

- **Problem Opioid Use:** Total country population (15-64 years), number and percentage of problem opioid users; number and percentage of problem opioid users aged 40 years and older; the trajectory of ageing drug users.
- **Opioid Substitution Treatment (OST):** Number and percentage of problem opioid users in substitution treatment; number and percentage of problem opioid users older than 40 years in substitution treatment; trajectory of ageing drug users in substitution treatment.
- **Problem Use of other illicit Drugs:**
    - **Cannabis:** Number and percentage of cannabis users; number and percentage of cannabis users aged 40+; the trajectory of ageing cannabis users.

- **MDMA:** Number and percentage of problem MDMA users; number and percentage of problem MDMA users over 40 years; the trajectory of ageing MDMA users.
- **Cocaine:** Number and percentage of problem cocaine users; number and percentage of problem cocaine users aged above 40 years; the trajectory of ageing cocaine users.
- **Amphetamines:** Number and percentage of problem amphetamines users; number and percentage of problem amphetamines users over 40 years; the trajectory of ageing amphetamines users.

- **Specific Services and Methods for ageing Drug Users:** Inpatient and outpatient services with or without nursing; other services; the collaboration of drug and geriatric system.
- **Specific Policies for ageing Drug Users:** Legal conditions; health system conditions; social system conditions; other developments.
- **Planned Development of special Policies or Services.**

Based on this matrix, data and information on a European level and national level have been collected and added with specialized data by approaching relevant stakeholders or involved institutions in the different countries and also of the project partners and by giving feedback and advices. Also, EMCDDA reports (Reitox Network/ Focal Points, National Focal Point Data Bases) have been used, as well as other data and research gaps. All received data were documented in the template of the matrix to compare and analyze the data. The data of the matrix were compared and evaluated quantitatively and descriptively with excel.

1.1.2 Expert Consultation

An expert consultation has been organized by interviewing at least three European practicing experts in drug service organisations. They were selected based on the information data that had been collected before and on specific advices from the project partners. The experts were contributed to specific issues, 'contextualised' certain data on a national level, and provided information on particular aspects with regard to legal and methodological questions. Specifically, for this purpose guideline questions had been developed, which have been used to structure the interviews. The expert consultations have been carried out either by phone or by Skype. The expert consultation were

evaluated qualitatively with the method of the qualitative content analysis (vgl. Mayring 2015) and therefore recorded. The data was transcribed, summarized and evaluated in an evaluation matrix.

1.2 The Good Practice Collection

The Good Practice Collection identifies and collects models of good practice for effective services for ageing drug users (outpatient and inpatient) and models of good practices for a successful collaboration of drug and other services, like medical or geriatric services in the different European countries.

It will supply social service providers, adult trainers, policy-makers and higher education institutions with inspiring models of good practice and stimulate the development and implementation of inclusive services for ageing drug users.

The results from the Good Practice Collection of specific services for the target group have already been presented in this assessment report in chapter 2.1.6 'Specific Services for ageing Drug Users'. Correlation Network and De Regenboog Groep Amsterdam, The Netherlands were responsible for this collection.

1.3 The Toolbox

The toolbox will supply social service providers, trainers in vocational trainings, policy-makers and higher education institutions with tools and guidance to develop implement or improve services for elderly drug users. This intellectual output was developed by Generalitat de Catalunya and Fundacion Salud y Comunidad Barcelona, Spain.

1.4 Training

The training will be based on the findings of the assessments and may include some parts of the intellectual output of the toolbox, supporting evidence and policy analysis. The overall training curriculum will function as a model and example for national training curricula, so other training organisations can utilise the training as a whole or use specific components for training purposes.

The content of the Training Curriculum will include a broad range of topics, didactic exercises, links and resources. The Training will be designed for a three-day course and validated during a training event (European Summer School). Target groups to receive the training are the staff of drug addiction services, geriatric institutions and policy-makers. The Training Curriculum was developed by Integrative Drogenhilfe e.V. Frankfurt, Germany.

2. Results

The following part of the assessment report shows all the results received from the desk review and data collection via the created matrix, as well as the evaluation of the expert consultations.

2.1 Desk Review and Data Collection

By researching drug use and ageing / elderly drug users via desk review and by collecting data on European and national level, the following results can be presented as an overview of the situation. For some countries it wasn't possible to receive reliable data, in these cases either there are no results because of missing data or the focus is on regional data within these countries. The data that could not be found from desk review have been completed by data from the created assessment matrix, which had been sent to stakeholders and national research points in each country. Some of the percentages are statistically calculated and estimated values based on random samples.

2.1.1 Problem Opioid Use

In the whole of European Union countries, there are around 510,060.000 people (15 to 64 years) and around 1,300.000 problem opioid users. This target group accounts to a small proportion of 0.4 % throughout European population (EMCDDA 2015).

Table 1: *Overview: Problem Opioid Use in Europe (EU-28)* (BeTrAD Assessment Matrix, additional data by EMCDDA National Reports 2017 and EMCDDA 2017i)

Country	Year of data	Total Country Population (15-64 years)	Problem Opioid Use	Problem Opioid Use/ age above 40 years
Austria	2015/2016	5,767.133	0.5%	47.3%
Belgium	2015	7,295.584	n.d.	about 34%*
Bulgaria	2015	4,763.637	n.d.	n.d.
Republic of Croatia	2015/2016	2,809.119	0.14%	35%
Cyprus	2015	584.081	0.2%	about 22%*

Czech Republic	2015	7,056.824	0.2%	n.d.
Denmark	2015	3,645.939	n.d.	n.d.
Estonia	2015	858.563	n.d.	about 12%*
Finland	2015	3,483.757	0.4%	about 13%*
France	2015	41,896.237	0.5%	about 33%*
Germany	2016/2017	53,422.103	0.3%	about 39-40%*
Greece	2015/2016	7,011.027	0.2%	58%
Hungary	2016/2017	6,664.153	0.04%	about 28%*
Ireland	2010/2015	3,003.481	n.d.	about 21%*
Italy	2015	39,193.416	0.5%	about 48%*
Latvia	2015	1,303.300	0.5%	about 13%*
Lithuania	2015	1,948.685	n.d.	about 16%*
Luxembourg	2016	576.249	0.26%	about 21%
Malta	2015	288.403	0.6%	n.d.
Netherlands	2016	11,065.975	0.1%	83%
Poland	2015	26,431.118	0.06%	about 14%*
Portugal	2015	6,779.414	0.5%	about 57%*
Romania	2015	13,414.063	n.d.	about 11%*
Slovakia	2015	3,834.289	n.d.	about 18%*
Slovenia	2015	1,389.178	0.4%	about 20%*
Spain	2014/2015	30,808.472	0.21%	n.d.
Sweden	2015	6,152.438	n.d.	about 49%*
United Kingdom	2010	41,898.460	0.8%	34%

*statistically calculated and estimated values based on random samples (EMCDDA 2017i); n.d. = no data

2.1.2 Problem Opioid Users aged 40 Years and older

Opioids, mainly heroin, were reported as the primary drug by the great majority (65%) of elderly drug users (aged above 40 years) in the European Union in 2008 (EMCDDA 2010). The part of this 40 year-old and older opioid users is estimated through a sample

from 2015 about 36.3% throughout Europe. While the proportion of opioid clients aged above 40 years entering treatment was one out of five in 2006, in 2015 there was already a proportion of two in five persons entering (EMCDDA 2017i).

Many long-term opioid users in Europe are ageing and in their 40s or 50s, the number of opioid users of 40 years and older is already representing a big part in most of the European countries and by virtue of the trajectory in the past and the expected 'over ageing' in the future, the number might increase. Some European countries are already reporting mean ages of 40 years and older for treatment entrants with opioids as the primary drug (EMCDDA 2015).

In the EU-28 countries, data about problem opioid users aged 40 years and more varies significantly between very small percentages and very high ones.

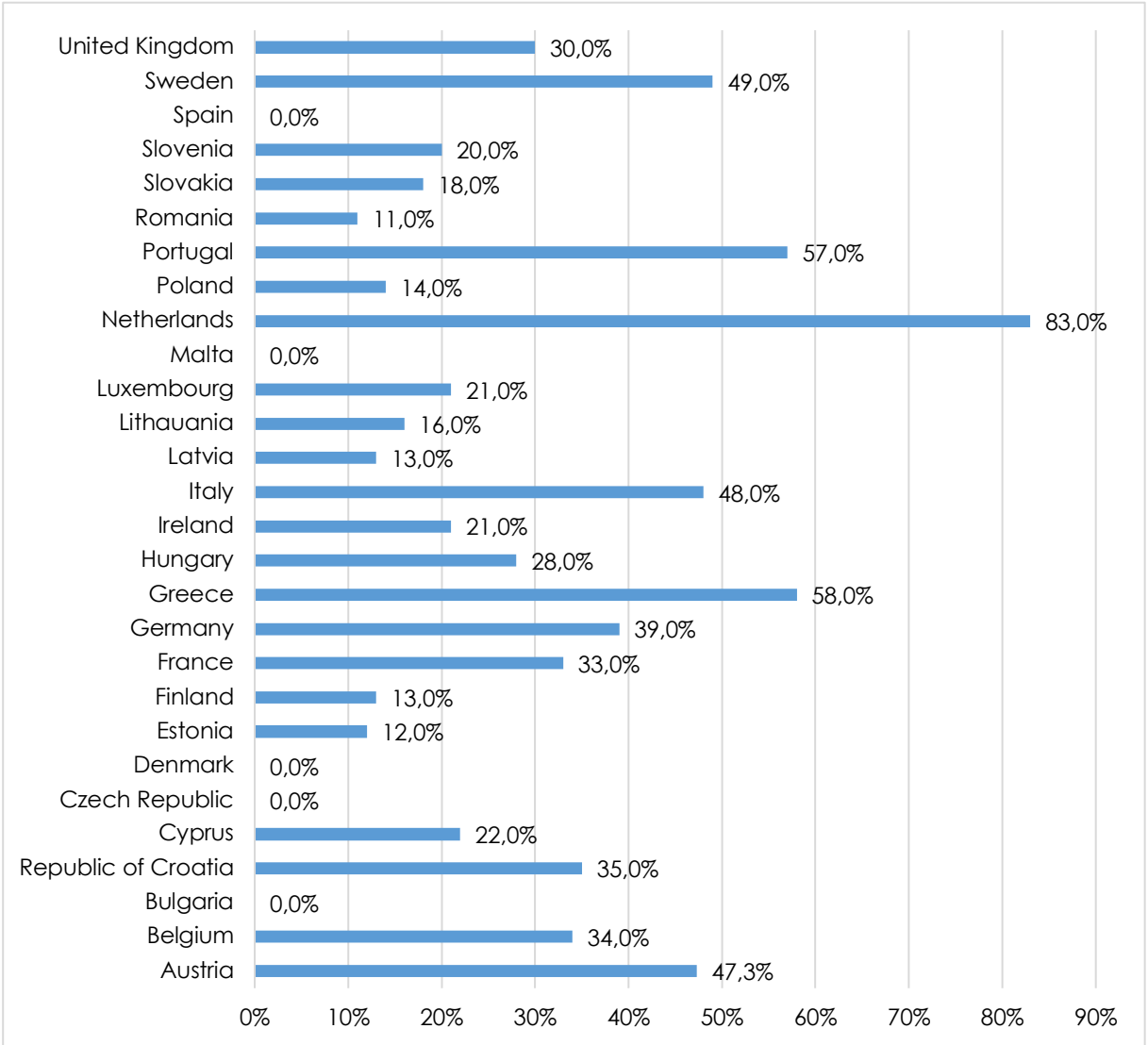

Figure 1: *Percentage of Problem Opioid Users aged above 40 years [%]* (BeTrAD Assessment Matrix; additional data by EMCDDA National Reports 2017)

*statistically calculated and estimated values based on random samples

Slovenia (20%), Slovakia (18%) Lithuania (16%), Poland (14%), Latvia and Finland (each with a percentage of 13%) also as Estonia with 12% report small percentages of problem drug users aged 40 years+. The smallest percentage of the target group is reported in Romania with only 11%.

Luxembourg and Ireland show data of about 21% problem opioid users 40+ as well as Cyprus with 22%. In Ireland, the age group 35-64 years represent about a third of the problem drug users. Hungary already shows data of 28%. Also, 198 out of 4.098 persons started drug treatment in 2016. Out of these 198 persons, 79 persons (about 40%) were aged 40 years and older.

The analysed data of problem opioid users aged above 40 years in the United Kingdom ranges between 27% (2007) and 34% (2010). France (33%), Belgium (34%), Republic of Croatia (35%) with a proportion of 40+ opioid users about 35% - although there is a very small number of problem opioid user (0.14%) and parts of German Data (2015) count e.g. for the Federal State Hesse about 39% opiate users over 45 years. The average age of the target group here is 42.8 years.

In Austria the data from problem opioid users aged above 40 years represent already about 47.3% (Eisenbach-Stangl und Spirig 2011), thus almost half of all problem opioid users. Comparable data also is reported from Italy (48%) and Sweden (49%) where the mean age of the problem opiate users has been reported of 41 years in 2015.

The highest percentages are reported in Portugal (57%) where the mean age of problem opioid users is already 41 years. In the region of Lisbon and Tagus Valley for example, in 2017 10,157 problem drug users were registered of which 7,434 were aged above 40 years (73%). They spread out into three age groups 40 to 49 (64%), 50 to 59 (32%) 60+ (4%). Furthermore, in Greece (58%) and the Netherlands which are even reporting about 83% opiate users over 40 years (in 2016). The mean age of reported problem opioid users was the highest there with already 44 years in 2015.

In other countries, there is a loss of data about drug use among older people. From some countries, we weren't able to obtain any data (Malta, Denmark or Bulgaria). For Poland for example, it was hard to get data because it is mainly concentrated among young adults and drug use (15-34 years). In Spain, there is no data on percentages of ageing drug users available but a mean age of 42 years average age of opioid drug users has been reported in 2015. In Czech Republic, for example, there is a loss of data

but the trend of ageing drug users applies here, too. The mean age of new persons entering treatment in 2015 was 32 years (27.1 years in 2014), among opioid users almost 36 years. The mean age of clients entering treatment in 2015 was almost 35 years there. Also in some regions there is an increase in the number of people who start using drugs around 50 years of age (National Observatory on Drugs and Addiction Czech Republic 2015).

2.1.3 Trajectory of ageing Drug Users

Most European countries are observing an increasing number of older drug users entering treatment. This has translated into this age group making up an increasing proportion of treatment entrants in most countries. The data from EMCDDA from 2008 (EMCDDA 2010) reported the treatment demand indicator on more than 450,000 drugs users entering treatment in specialised facilities – 82,000 were aged 40 years or older. On a European level, this age group represents between 1,6% and 28% of treatment entrants in the countries providing data. Also, the mean age of drug-induced deaths increased in Europe from 34 years in 2006 up to 39 years in 2015, as well as the proportion: In 2006 one of three drug-induced deaths happened among drug users aged above 40 years, in 2015 it was already every second death (EMCDDA 2017i).

On a European level we received data including 22 of the EU-28 countries. In all reported countries of the European Union, where data have been completed, the mean age increased from 2006 up to 2015 (EMCDDA 2015). Only countries with at least 10 years of available data were included. These 22 countries are Austria, Bulgaria, Republic of Croatia, Cyprus, Czech Republic, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Netherlands, Romania, Slovakia, Slovenia, Spain, Sweden, Turkey and the UK.

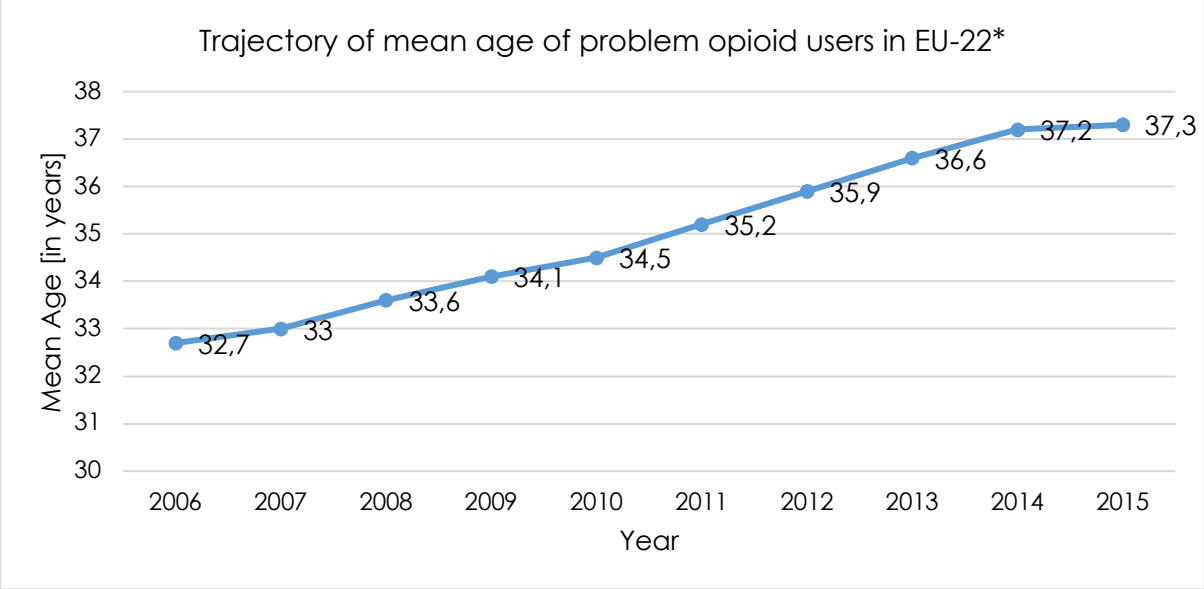

Figure 2: *Trajectory of mean Age of all Problem Opioid Users entering Treatment in EU-22** (Data from EMCDDA 2015)

*Shifts in the age structure over time of treatment entrants with opioids as primary drug. Only countries with at least 10 years of available data are included (in countries with only 10 years of data, data for most recent year available is copied).

On a European level the mean age of opioid users entering treatment increased from 32.7 years in 2006 up to 37.3 years in 2015.

On a national level the proportion of treatment entrants aged of 40 years and older and their trajectory between 2006 and 2015 varies.

Table 2: *Treatment Entrants with Opioids as primary Drug aged above 40 Years in 2006 and 2015** (EMCDDA 2015, 2017i)

Country	Number of treatment entrants in 2006*	Percentage of treatment entrants aged above 40 years in 2006*	Number of treatment entrants in 2015*	Percentage of treatment entrants aged above 40 years in 2015*	Trajectory
Austria	2,858	8.2%	2,016	17.0%	+8.8%
Bulgaria	1,292	1.2%	1,087 (2014)	6.4% (2014)	+5.2%
Republic of Croatia	5,611	12.4%	6,128	34.7%	+22.3%
Cyprus	300	9.6%	205	22.4%	+12.8%

Czech Republic	2,066	4.5%	1,706 (2014)	11.5% (2014)	+7.0%
Finland	1,093	5.6%	339	11.3%	+5.7%
France	11,637	14.1%	13,664	33.1%	+19.0%
Germany	30,663	20.1%	28,399	39.0%	+18.9%
Greece	4,257	11.3%	2,836	25.1%	+13.8%
Hungary	2,299	3.9%	156	28.2%	+24.3%
Ireland	3,352	8.9%	4,446	20.6%	+11.7%
Italy	27,096	24.9%	25,144	48.3%	+23.4%
Latvia	388	4.4%	402	13.2%	+9.1%
Luxembourg	647	19.3%	163	41.7%	+22.4%
Netherlands	2,148	58.1%	1,262	64.5%	+6.4%
Romania	937	1.2%	1,053	11.2%	+10.0%
Slovakia	816	5.4%	602	18.1%	+12.7%
Slovenia	611	4.3%	236	20.3%	+16.0%
Spain	19,826	34.2%	12,030(2014)	59.1% (2014)	+24.9%
Sweden	1,633	27.5%	7,510	48.6%	+21.1%
United Kingdom	77,845	16.2%	59,762	34.1%	+17.9%

*Shifts in the age structure over time of treatment entrants with opioids as primary drug. Only countries with at least 10 years of available data are included (in countries with only 10 years of data, data for most recent year available is copied).

On a national level, the group of treatment entrants aged of 40 years and older ranges between 6.4% in Bulgaria and 64.5% in the Netherlands. In each of these 22 countries, this target group increased between 2006 and 2014/2015 and will furthermore increase as expected. Some countries already reported mean ages of opioid users above 40 years.

In Austria, for example, the prevalence of younger consumers is decreasing, there are fewer beginners. The entrant generation 2000-2004 grows older and there is an increasing number of elderly persons with problem opioid use. The number of opioid-using people aged above 35 years increased between around 28% (2001) up to 33% in 2007 (Eisenbach-Stangl und Spirig 2011).

It was not possible to find data for whole Germany. In order to get an impression we took data from Frankfurt, a city with a high proportion of problem drug users. There is an aging trajectory of 1.1 years average age between 2003 and 2009. Data from 2015 show the average age of drug users in the Federal-State Hesse is 42.8 years and 43.28 years in Frankfurt (Vogt 2011). The mean age in the four consumption rooms in Frankfurt / Main in 2016 for example documents a mean age of 39.1 years (Stöver and Förster 2017).

The average age of opioid clients in The Netherlands increased from 42 years in 2006 to 48 years in 2015. By 2015, 68% of opioid users were aged above 44 years. In 2006 this group represented only 39% (Wisselink et al. 2016).

The prevalence of problem drug users in England increased for older drug users (35–64 years) between 2004 and 2007 from 5.77 per thousand population to 6.36 per thousand (Wadd et al. 2014).

In the Czech Republic the mean age of drug users entering treatment over the past ten years has increased by almost eight years. The mean age of new persons entering treatment in 2015 was 32 years (27.1 years in 2014), opioid users almost 36 years (National Observatory on Drugs and Addiction Czech Republic 2015).

2.1.4 Opioid Substitution Treatment

On a European level, there are approx. 680,000 opioid users in opioid substitution treatment which means a coverage of about 50% of all users (avert 2018). On a national level the percentages of problem opioid users in the different countries range between 10% in Latvia and 91% in Spain. Drug users aged over 40 years represent in some European countries more than 50% of new admissions (including recurring admissions) in opioid substitution treatment and more than 60% of users in treatment are aged above this age (Kastelic 2014).

On a national level there are no data available about opioid substitution therapy for Belgium, Bulgaria, Denmark, Estonia, Ireland, Lithuania, Romania, Slovakia and Sweden

although the literature suggests medication-assisted treatment for older clients with more health problems and greater former crime involvement than their younger counterparts, including when compared with abstinence-oriented residential treatments (Johnston et al. 2017).

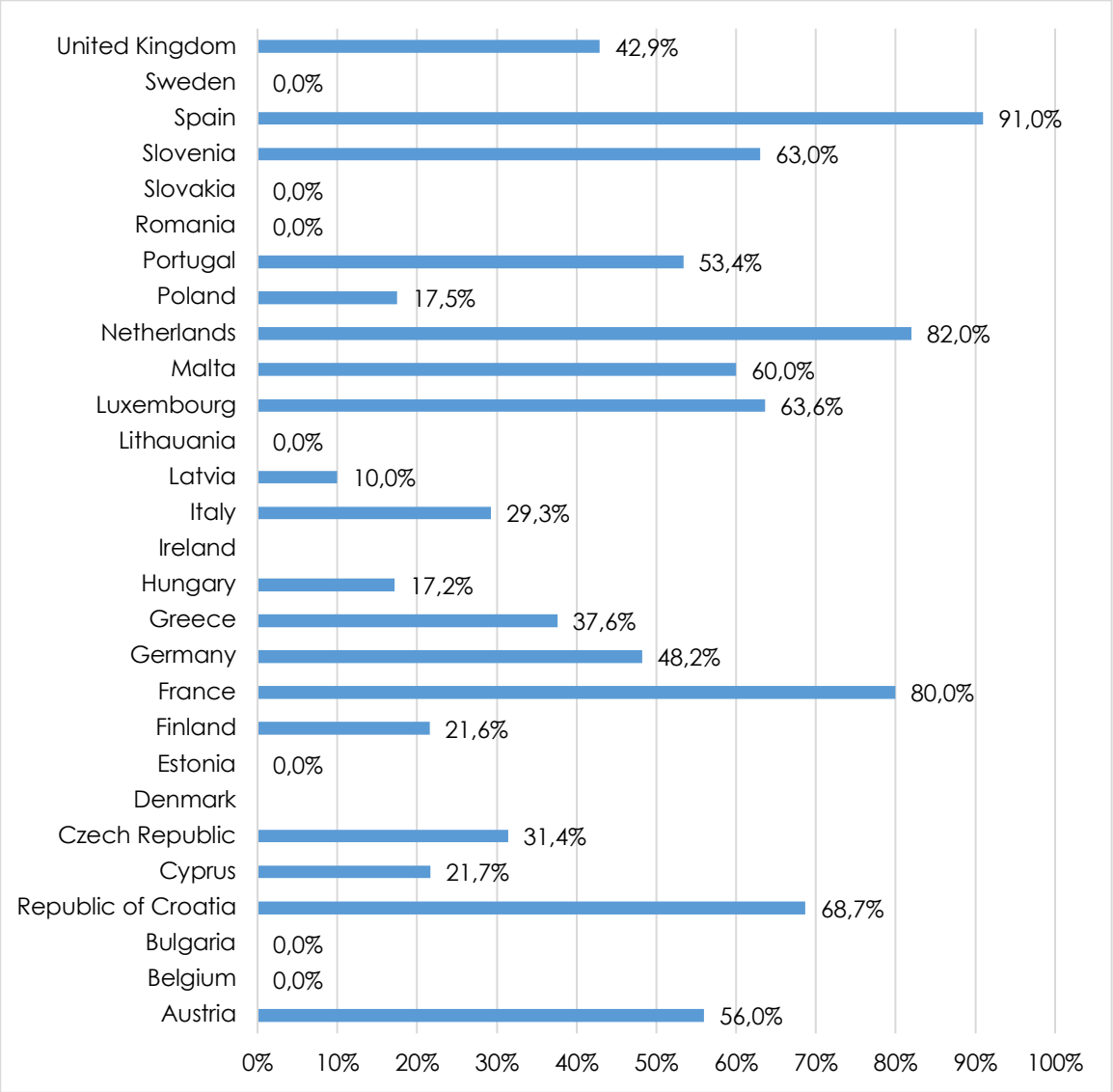

Figure 3: *Percentage of (estimated) Patients in Opioid Substitution Treatment in EU-28 [%]* (BeTrAD Assessment Matrix and EMCDDA 2017i) *no data for IRE and DK

There are no specific data available on European level about older opioid users (40 years+) in opioid substitution treatment (EMCDDA 2010, 2017i). In most European countries there is also no age-specific data existing. There is just punctual data in some of the countries or specific regions of these countries.

In Austria there are about 33% opioid users in substitution therapy, in Vienna, for example, the number of people over 40 years in substitution treatment increased up to 40%

from 2002 - 1000 persons - to about 2500 persons. The oldest patient in opioid substitution treatment was 73 years old in 2015 (Preitler 2017). In Croatia, the data shows similar proportions: 44% of the problem opioid users were over 40 years and took part of a substitution treatment. In Luxembourg, about 70.5% of the problem opioid users are in substitution treatment, 63.6% are over 40 years old. For other EU countries, we couldn't get access to any data.

2.1.5 Problem Use of other illicit Drugs

Regarding the problem use of other illicit drugs and ageing users there is almost no data available, neither on European nor on national level. However, it was possible to receive punctual data from Hungary, Croatia, Luxembourg, France, the Netherlands, Italy, Spain, Sweden, Finland and Czech Republic about other illicit drugs than opioids.

In Hungary the number of drug users starting drug treatment in 2016 with a primary drug other than opiates/ opioids (incl. among others: hypnotics and sedatives, inhalants and new psychoactive substances) according to TDI data collection are 3.900 persons. 10.6% of these people were 40 years or older.

In Croatia the number of people using other illicit drugs is 0.17%. The percentage of people over 40 years is about 30%.

In Luxembourg there are about 0.34% users of other illicit drugs, of which 8.68% are aged 40 years and older.

In France there is a percentage of 11.1% (15-64 years) problem cannabis users, 22% out of them are 40 years and older. The Netherlands counted a percentage of 5.4% problematic cannabis users over 40 years in 2016.

In nearly all of the European Countries there is no data available about the older users of MDMA. It can be assumed that MDMA isn't an issue for the target group of ageing users. Only The Netherlands is counting 6% (decreased from 7%) problem MDMA users over 40 years in 2015.

On a European level cocaine was the next most frequently reported primary drug on drug users over 40 years (17%) (EMCDDA 2010). This as well shows the received data on national level. In Italy, there are 23% problematic cocaine users over 40 years, in Spain this group forms a part of 32%. The Netherlands, on the other hand, are counting a small group of 1.5% problem cocaine users over 40 years.

Regarding the problematic use of amphetamines in the target group we can identify a very large group of 57% in Czech Republic, Sweden shows a very high percentage of 45%, too, also as Finland with a medium-high rate of 24% in 2015. The Netherlands were counting just about 1% in the last year.

2.1.6 Specific Services and Methods for ageing Drug Users

The currently available information suggests that specialised treatment and care programmes for older drug users in Europe are rare. The needs of aging drug users are part of the general interventions and drug treatment services, like long term treatment in therapeutic communities and specific residential responses for people with HIV. It is suggested that a small number of treatment providers so far is specialized on the needs of older drug users – as a reaction to the group of aging of problem drug users.

In Austria older drug users are coming to drug services, but mainly by short-term contacts and are overrepresented in the opioid substitution programmes: Almost half of the patients here are seniors. The current care provision for older drug addicts will be overall as partly inadequate, partly inappropriate (Eisenbach-Stangl, Spirig 2011).

In the United Kingdom/Bristol a drug project '50 Plus Crowd' initiative has been established, which aims to achieve outcomes related to improved health and well-being among older people, rather than more recovery-oriented outcomes (Johnston et al. 2017).

There are already some models of effective services for ageing drug users or good collaboration existing in European countries.

Results of the Good Practice Collection

With the Good Practice Collection as part of the BeTraD project the project partners identified and collected good practice models for effective services for ageing drug users (outpatient and inpatient) and models of good practices for a succeeding collaboration of drug and psychological, medical and/or geriatric services. The following results could provide inspiring models of already existing good practice in the different European countries and stimulate the development and implementation of services for the target group. This report shows a selection of the results of the Good Practice Collection.

Austria[2]

Liaisondienst Konnex from the coordination of drugs and addiction in Vienna offers a service to improve the knowledge transfer and care about and of drug users in supported institutions like hospitals. It supports the cooperation partners to improve their services to the needs of addicted persons. In recent years, Konnex was increasingly used by nursing and geriatric institutions.

Belgium[3]

The WZC Bilzenhof, a nursing home from Zorgbedrijf Antwerpen for all ageing people, also drug users who need special care due to their physical limitations, dementia or psychiatric problems provides a home for the target group in Belgium.

Czech Republic[4]

The Therapeutic Community Němčice from SANANIM offers a service that is designed to meet the group of ageing user's, or users with long drug and criminal careers including psychotherapy and counselling, existential approach, family programs with the emphasis on supporting contact with children of clients, job planning, etc.

The opioid substitution center from Spolek Ulice in Pilsen is an organization who implemented its services for the target group including outreach work.

Denmark[5]

The crisis centre Kongens Ø Munkerup in Dronningmølle, Denmark offers a treatment program targeting the group of ageing drug users as well as other groups with substance abuse issues, specific targeting at substance users in critically circumstances with an acute intake. The main part of the attendants is at the age +30 - a lot of them are +40.

France[6]

The CHU in Nantes offers advice/counselling (from intermediary/contact person), psychological and medical consultations, opioid substitution treatment, speaking groups (i.e. peer support groups), 'full-time' hospitalization and 'day treatment' specific for the target group.

---

2 https://sdw.wien/de/behandlung-und-betreuung-2/liaisondienste/konnex/
3 https://www.zorgbedrijf.antwerpen.be/woonzorgcentra/woonzorgcentrum-bilzenhof
4 http://www.sananim.cz/o-nas/about-us.html
5 http://kongensoe.dk/munkerup-dronningm%C3%B8lle
6 http://www.chu-nantes.fr/

Germany[7]

The Drugcounselling office "komm-pass" provided by SKFM Düsseldorf e.V. offers implemented case management for older drug users (CM3) besides the other services also offered to young drug users within counselling or therapy recommendations.

The Plan B gGmbH Pforzheim offers implemented in their regular services special services targeting ageing drug users like psychosocial accompaniment, substitution in two doctors' practices, a special contact room and a place for drug users.

LÜSA Unna offers a nursing home for drug users including specific inpatient services, outpatient assisted living, day structure programmes and offers also case management for ageing users.

The 'Integrative Drogenhilfe' e.V. Frankfurt offers assisted living Kriegkstraße, a disability accessed housing for ageing drug users with the possibility of outpatient nursing care. Also to mention is the 'Haus der Beratung/ House of counseling' from Jugendberatung and Jugendhilfe e.V. Frankfurt that offers opioid substitution treatment as well as an activation programme for ageing drug users called "CM3".

'Haus im Stift' by Bethel is also an accessible housing for multiple addicted people with geriatric nursing care, family care workers, social care workers, addict assistants and student assistants in Gevelsberg.

Greece[8]

The KETHEA Therapy Centre for Dependent Individuals in Athens offers counselling, medical care, harm reduction, activation as well as psychological and mental treatment also for ageing drug users.

Italy

PARSEC – Social Cooperative society implemented in their centre of admission SCARPANTO besides different treatments also home-based services, support administrative practices, and accompaniment social-health services specialised for the target group, also they adapted a street unit prevention of pathologies related to dependencies in Rome.

---

7 http://www.skfm-duesseldorf.de/de/drogenberatungsstelle-kompass/
http://www.planb-pf.de/
http://www.luesa.de/
http://www.idh-frankfurt.de/kriegkstrasse
http://www.drogenberatung-jj.de/suchthilfezentrum-frankfurt
http://www.bethel-regional.de/einrichtungdienst-details-108/items/haus-im-stift.html
8 http://www.kethea.gr/en-us/awarenessraisingprevention.aspx

Luxemburg[9]

Luxembourg offers TABA, a working project for ageing drug users 45+ years launched by Abrigado drug service and Comité National de Défense Sociale.

Netherlands[10]

The outpatient clinic Leeuwarden from VNN is a service with medical care, counselling, and activation programmes separately for ageing drug users.

Woodstock in Den Haag is a facility for ageing, homeless alcohol and drug users financed by the city Den Haag and the Dutch mental health service provider Parnassia Groep.

Portugal[11]

Ares do Pinhal in Lisbon provides a low-threshold methadone programme and a harm reduction programme, targeting ageing drug users by counselling, medical care, psychological and mental care, opioid substitution, harm reduction services and social care.

Spain[12]

PAAC Programme (Programme of support to drug dependent older adults) offered by Vall d'Hebron University Hospital in Barcelona has an interdisciplinary service separately for the target group with all kind of harm reduction services as well as medical and psychological care and neuropsychology, social support and group therapy.

United Kingdom[13]

SUIT - Service User Involvement Team in Wolverhampton, England has some in-patient and out-patient services and is working explicitly with ageing drug users but also with other target groups. They offer housing projects, activation and counselling as well as harm reduction services.

Despite some specialized newly created or implemented examples of good practice, most European Member States appear to have no concrete strategies to develop specific services for the present and future ageing group of drug users. The identified problems are:

---

9 http://www.cnds.lu/project/taba/?lang=de
10 https://www.sein.nl/en/contact-sein/outpatient-clinic-epilepsy/outpatient-clinic-leeuwarden/
https://www.parnassia.nl/onze-locaties/woodstock-den-haag
11 http://www.aresdopinhal.pt/ares-do-pinhal
12 https://www.vallhebron.com/ca
13 http://www.suiteam.com/about-suit

- orientation of the current treatment towards the needs of younger drug users,
- staff may be untrained about late-life dependence problems like health (e.g. reduced mobility) and social changes
- rehabilitation training is oriented at the needs of younger drug users (e.g. employment).

2.1.7 Specific Policies for ageing Drug Users

The European Union Drugs Action Plan (2009–2012) identifies a set of priorities to reduce the demand for drugs, prevention, treatment and harm reduction services. The aim of this Drug Action Plan is to request the Member States to enhance quality and effectiveness of such services also as taking into account the specific needs (incl. those related to age). However, in 2010, none of the Member States has created a clear strategy yet (within a national, regional or local drug strategy or other national drug policy document) to deal with older drug users. In the United Kingdom and some other countries, older adults are listed as a vulnerable group for risk of alcohol and drug problems. This, however, mainly includes a misuse of over-the-counter medications. In general, a development of specific interventions and treatment for aging and older drug users has yet considered a priority (EMCDDA 2010). In the recent EU Action Plan on Drugs 2017-2020, ageing and drug use are also mentioned explicitly listed as part of drug demand reduction (1):

Objective: Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users.

> *Action: 6 Develop and expand the diversity, availability, coverage and accessibility of evidence-based comprehensive and integrated treatment services. Ensure that these services address polydrug use (combined use of illicit and licit substances including psychoactive medicines, alcohol and tobacco)* ***and the emerging needs of the ageing drug-using population*** *and gender-specific issues.*

(see European Union 2017) including some listed actions.

Within the debate of demographic changes in the society, questions surrounding ageing problem drug users are relevant but have not yet been raised in many member states. Some specific points about the provision of welfare and the funding of care for the group of ageing drug users (EMCDDA 2010, 2013) need to be clarified.

Most European welfare systems are based on improving the financial situation of people in need or to improve their chances of employment or any other aspects, e.g. health or mental health. The central principle of the Austrian or the German welfare model is the priority on the economic development as the best way to social welfare. The social benefits in these countries are result-oriented so there is no right for people without employment experiences (which is particularly the case for long-term problem drug users) to be entitled to the highest level of financial support for health care. In some Member States, receiving financial support for medication could be a problem for aging drug users. In some countries, the financial support for treatment is covered by pension funds (e.g. Germany). They operate on the principle, that the expenditure for drug treatment will be recovered by that person's future insurance by re-entering the labour market. Ageing drug users, a vulnerable group with a high need for support often have health and social comorbidities that make it difficult or almost impossible for them to re-enter the labour market. Therefore the continuous funding and treatment for older drug users provide a big issue among stakeholders, for example in Germany (EMCDDA 2017l). This applies also for Poland, where the social support through unemployment or disability benefits extended contributions. Persons aged of 30 years and older need to have at least five years of social insurance to receive disability benefits. So, marginalized persons, including older drug users mostly don't have the entitlement to these social benefits. As in many other Member States, minimum social benefits exist in Poland and drug users are entitled to these. For reaching these benefits, drug users in treatment have to share the opinion of the treating doctor. If there is evidence of drug use, they may lose their entitlement. However, the connection of welfare and the treatment compliance has been shown to have potentially negative consequences (EMCDDA 2013, 2017w).

In the United Kingdom the strategy acknowledges the ageing of the heroin using population. It has been stated that 'services need to be responsive to the needs of specific groups' and 'local services must take account of the diverse needs of their community when commissioning services'. The annual review of England's drug strategy does not mention older people and they are not identified as a priority for the year ahead (Wadd et al. 2014). Nevertheless a pilot model was constructed in which an individual with a drug problem was entitled to a 'treatment allowance'. Refusing treatment could lead

to sanctions or cuts of the social benefit. This model was abandoned due to the lack of benefits. Concerning older drug users they may be particularly vulnerable to such sanctions because of a possible more underlying drug dependence (EMCDDA 2017a, 2017e).

It seems that the frame of the current debate in Europe on how to motivate problem drug users to access treatment, improving their welfare support, abstinence or entering rehabilitation programmes, especially when future employment is unrealistic as for older drug users, appears primarily focussed upon the needs and the situation of younger drug users. The existing welfare models and drug policies poorly serve the needs of these older drug users. Also, the principle of social integration through participating in the labour market requires a sufficient health of the individual. There is a need for alternative social reintegration policies and options to be developed for older drug users (EMCDDA 2013).

In Austria, for example, an official prescription for opioid substitution treatment does exist for those patients staying in a rehabilitation centre. For the social system there are regulations on rights and applications of specific nursing care and support for elderly opioid-dependent persons in opioid substitution treatment (standardized access form) as well as planned guidelines for inpatient and outpatient care and addiction.

Germany passed a law in 2017 granting easier access to opioid substitution treatment in nursing homes / elderly care facilities[14]. In Luxembourg, measures for elderly drug users are included in the national drugs action plan. Also in Portugal the ageing of problem drug users has deserved particular attention in national policies but there are still no specific responses for this population as well as in other European countries like Spain or The Netherlands.

14 BtMVV § 5 Abs. 10
Comment see akzept e.V. 2017

2.1.8 Planned Development of Special Policies or Services on ageing Drug Users

On a European level the changing demographic structure has implications for many policy fields in European countries, e.g. education, housing, medical sector and nursing. The need for medical treatment and health care, outpatient care, specialised housing, and mobility will be a major financial burden for European countries and municipalities in the future (EMCDDA 2013).

The current EU Drugs Action Plan (2017-2020) contains that services should address polydrug use (combined use of illicit and licit substances including psychoactive medicines, alcohol, and tobacco) and the emerging needs of the ageing drug-using population e.g. prevention, treatment and harm reduction services (European Union 2017).

In most European countries there are already policies and services targeting ageing problem users of legal substances like pilot projects for alcohol or medication abuse. Also, the issue of older people and alcohol and especially medial abuse and addiction is already part of the national drug action plans of a lot of countries in Europe. For example, in Germany, there are eight pilot projects to educate, grow networking and knowledge about abuse especially in inpatient settings funded by the government[15]. There are a lot of national drug strategies and coordination according to age and medications and also for older people and alcohol use. Also in some European countries there are stricter regulations for the prescription of benzodiazepines, tranquilizer etc. from a certain age limit, for example in Germany, Austria or Luxemburg. The aim of European countries is to improve the availability of information to patients and prescribers, to support safer use of medications (Cerreta et al. 2012). Also in the United Kingdom: England, for example, developed separate strategies for drugs and alcohol addiction treatment.

In The Netherlands due to political dynamics, the current health and social systems are under continuous reconstruction because of a new government which may change that. In Portugal also the need of continuous and palliative care for the target group is starting to emerge in health and social services that are, at the moment not prepared to handle this kind of situations. Within the new Spanish National Strategy for Addictions (currently under draft), special attention will be given to data collection on ageing population, its characteristics, needs, etc. so as to drive the development of services and methods to address aging and chronic drug user's needs. In Austria plans do exist for a

15 http://www.alter-sucht-pflege.de/Modellprojekte/Bundesmodellprojekte.php

concept for a medical and psychosocial care for non-mobile drug users. In Luxembourg there is a development of evidence-based measures for aging drug users in the framework of the current and the next national drug action plan according to previous needs' assessments.

All in all, the questions surrounding ageing drug users are very relevant, but these have yet to be raised in many European countries.

2.2 Expert Consultation (Examples)

The following part shows the qualitative results of the expert consultations by interviewing three European experts from Germany, Luxembourg, Spain, Netherlands and Austria in order to contextualize certain data. As experts, we chose practicing representatives of the local drug aid services in the different countries - as they are working with drug using people and seeing the trajectory and the needs and barriers as part of their daily work. With the results of the interviews, it is possible to provide information on particular aspects with regard to legal and methodological questions. The experts were selected on the basis of the information and data, which have been collected before and chosen from the project partner countries because of the good networking and contacts to experts of those within the project countries. The interviews were structured in advance by developing guiding questions[16] and were done either by Skype or by telephone, recorded, structured, analysed and evaluated afterwards. The results are represented in this report with the permission of the interviewees.

Luxembourg	Spain	Germany	Austria	Netherlands
Manager of Abrigado	Medical Doctor and PhD at Creu Roja Barcelona/ University of Barcelona	Manager of DROBS Bielefeld	Social worker from drug aid Vienna	Representative from Ministry of Health; Psychiatrist from Verslavingszorg Noord Nederland (VNN)
low-threshold drug aid institution	Hospital (Internal Medicine) and Departement of Medicine	low-threshold drug aid institution	low-threshold drug aid institution	Ministry of Health and Addiction institution for rehabilitation and addiction

16 For all guiding questions please refer to the annexes.

For Luxembourg we interviewed the manager of Abrigado, a combined day and night drug aid service with safe injection room. The interviewee from Spain is a MD and PhD working at a hospital and at the University. The representative from Germany is a manager of DROBS Bielefeld, including outpatient facilities for people who use drugs also as prevention, opioid substitution and therapy and support for reintegration into the labour market. For Austria we received a message from a social worker of a low threshold drug aid service in Vienna.

Unfortunately, we couldn't conduct an interview with a practicing representative from Czech Republic or any other expert of EU-28 countries.

From the Netherlands, at first we only got an interview with someone working for the Ministry of Health. After some effort we finally could win a practitioner for an interview. The results of the two Dutch interviews are summarized below. Differences in their impressions are worked out.

Also, the following results only show a 'spotlight' of the different countries, as seen from the selection of interviewed (practicing) experts of drug services and cannot be seen as representative for all service or their countries.

2.2.1 Development of ageing Drug Users

The latest data (2017) of the drug consumption room of Abrigado, Luxembourg, shows increasing values from 37% in 2013 to 40% in 2014, 48% in 2015, 52% in 2016 up to 55% of the users between 35-44 years of age. The group of 45 years old and older drug users has not developed quite so steadily: In 2013 they counted 20%, 19% in 2014, 17% in 2015 then there is an increase up to 23% in 2016 and 26% are 45 years and older in 2017 (Abrigado 2017).

In Spain, the interviewed person explains that drug users have undergone of process of ageing. Here, in 1993 the average age was 29, in 2017 already 36.55 years of age (SD 8.12). Currently, the oldest person attended is 58 years old. According to data from Spain, the majority of non-legal drug users are over 35 years old (65%) with an interval of 35 to 58 years.

The interview partner from Germany notices a growing number of drug users in opioid substitution treatment. Also, the expert observes an increasing age in the low threshold services and the substitution services since 10-15 years. For example in Bielefeld they had a mean age of 40.9 years in the drug aid centre DROBS 2013, in 2016 they reported a

mean age in substitution of 42.5 years, in consulting about 30.2 years and in the drug consumption areas of about 36 years (internal data).

In Austria in 2002 they counted for example about 1,000 persons in opiate substitution treatment with an age of over 40 years, 2012 there were already 2,000 persons and in 2015, they counted more than 2,500 (40%) of them as 40+ agers. The oldest substitution patient was 73 years old in 2015 (Preitler 2017).

In the Netherlands in general, there is an increase in ageing drug users, especially of alcohol and benzodiazepines. Both relative and absolute numbers tend to increase. The major group of drug users in The Netherlands is between 40 and 60 years old. Furthermore, there is a substantial group between 60 and 70 years old. The rate of over 40-year-old drug user is very high (about 83%). In the 70/80s there was a large group of opioid users (20,000-25,000) in The Netherlands. With a lot of facilities to stabilize the situation they can see at this moment a decrease of new heroin users (about 9,000), so the same group of opioid users grows old but gets smaller and older (because of quitting, mortality, etc.).

2.2.2 Specific Services and Methods for ageing Drug Users

In Luxembourg there is TABA (see chapter 2.1.6), a working project for ageing drug users 45+ years, launched by Abrigado drug service developed in 2013. The participation is limited to max. 20 persons but there is more need.

In Spain there are no specific services for older drug users. The service here does not offer resources such as shared flats or home care. They have to apply to other institutions for admission to residential centers or supervised apartments (few people in each apartment). There are also residential centres for persons with limited autonomy. The entry criterion here is not age but health status. In Spain no specific service for long-term users (drug users aged above 35 years with drug use of more than 15years) does exist, although services for active drug users have been adapted to the ageing of users.

According to the interview partner, in Germany ageing drug users in most cases are passing the regular services for drug users. There are some special drug service facilities with the possibility of outpatient nursing care like LÜSA Unna, Kriegkstraße Frankfurt/Main, etc. (see chapter 2.1.6). Also, there are some inpatient services in elderly care under construction (e.g. in Düsseldorf with inpatient elderly care for drug users with inpatient nursing care).

In Austria, there is at this point a development of specific services for older drug users. They already have specialized tools in some institutions and services for improved dealing with these target group, like assignment forms. Furthermore, they have a hospital connection service CONTACT and KONNEX, Vienna (see chapter 2.1.6) for managing the transition from opioid users in the hospital into other facilities and nursing.

In The Netherlands there are not many specific services because of the existing cure and care system. There are already supported housings for opioid addicted people in most of the big cities like Woodstock with nursing care (see chapter 2.1.6). The mean age there is 50-55 years, the oldest patient is about 73 years old.

2.2.3 Existing Trainings for Staff working with ageing Drug Users

In Luxembourg there aren't special trainings neither for drug services nor for elderly care.

In Spain, there are also no trainings available for staff working with this population. From the perspective of the expert, there are at the moment a lot of changes, ideas, and developments in terms of older drug users. There is already special training for elderly care, outpatient nursing care, drug service, and doctors existing.

In Austria there are specialised training and education for nursing schools and for the drug aid system or other interested groups already existing.

The Netherlands as well does not offer any special trainings.

2.2.4 Collaboration between Drug and Geriatric Services

The collaboration between drug and geriatric services in Luxembourg is very difficult because of a big rejection of drug addicts, e.g. housing first projects are often against people who are still taking drugs. Outpatient care is difficult because nurses or doctors often can't handle the compliance of ageing drug users. In Luxembourg there aren't special trainings neither for drug services nor for elderly care.

The expert of Spain explains, that collaboration between drug and geriatric system, in general, is very limited. It is very difficult for drug users to be cared for in general geriatric services, so they use the regular drug aid services or does not receive help from general social services.

In Germany the drug aid system and the geriatric system is separated. One aggravating reason for problems within the collaboration is a special effort and the uncertainty of

the target group (economic reasons, ethical reasons). Also, there is a big problem because of the non-regulated or insufficient opioid substitution treatment in elderly care facilities. In Germany since March 2017 nursing and elderly care is now allowed to offer opioid substitution medicals to patients in their facilities.

In Austria there is the addiction care system on the one side and the health and social system with nursery care, homeless care, etc. on the other side. Special connection services between different institutions of health and social system (e.g. hospitals) and the drug aid system do exist.

In The Netherlands there is an existing system of cure and care. The cure system includes medical treatment of addiction problems like psychiatrists, opioid substitution treatment, and geriatric care. The care system offers support and help in housing, work or daily activities as a system of recovery. There are supported housings and multidisciplinary neighbourhood teams for supporting people in their own home situation who don't need the cure. The nursery care for elderly is very restricted (just for severely impaired persons) – only if patients are not able to live in an assisted housing situation with all kinds of support there is access to that. The addiction care rarely collaborates with the geriatrics department, but do collaborate with the psychiatry.

2.2.5 Existing specific National or Regional Policies for Ageing Drug Users

In Luxembourg there are no specific national or regional policies for ageing drug users existing, as well as in Spain.

In Germany since March 2017 nursing and elderly care is now allowed to offer opiate substitution medication to patients in their facilities.

According to the interviewed person, there are only treatment guidelines but no valid national or regional policies. Furthermore, there are some unregulated responsibilities in financing. Also important seems the integration of older patients in health and social system and services besides the main focus on the working system.

In the Netherlands, this topic isn't an issue at this moment. But there already is a national working group on elderly and alcohol, where they're working on a national policy on this topic.

2.2.6 Planned Developments

In Luxembourg there are no specific national or regional policies for ageing drug users existing. The current drug action plan of the last four years included ageing drug users as a topic, the evaluation is pending for next year.

In Spain and also in Germany there are no developments planned at this point.

In the Netherlands there is a focus on heroin assisted treatment. As part of this topic, ageing is an issue of how to regulate the continuity of these services on an ageing population that is not able to take their opioid substitution medications by walking to their OST location.

The working group "older drug addicts" in Vienna, Austria includes representatives of different parts of the Vienna health and social systems. They are developing solutions and best possible care for the target group.

In the opinion of the interviewed Dutch representative of the Ministry of Health this topic isn't an issue at the moment. In The Netherlands there is a focus on heroin-assisted treatment.

2.2.7 Key Barriers and Challenges

According to the interview partner, in Luxembourg the main problem is missing social apartments for drug users (homeless rate higher than 60% among drug users) or liberal housing first models. There is also a need to change from abstinence-orientated views to acceptance by including more psycho-social perspectives instead or beside a medical or criminal one. The opioid substitution treatment should be organized to fit low-threshold perspectives. Even services for older drug users should be separated from the younger ones. Luxembourg needs specific education for nurses and doctors about drug use like for instance funding of additional needs for ageing drug users in elderly care or nursing. In Luxembourg there is a loss of data as well, more practice-oriented research and public relation is necessary.

In Spain, the lack of social arrangements for people in deprived areas is described as a key barrier. If there are enough resources for the general population, it is very difficult to have social devices focused on the ageing of drug users. Furthermore the treatment of associated diseases as HIV, Hepatitis C requires a high level of adherence, for which basic needs, such as food or housing, need to be met. Also the lack of residence authorization in the country for many drug users is a problem in Spain, too. This situation

makes access to social benefits difficult. Polysubstance use in general requires a very broad and coordinated response.

According to the interviewed person, Germany also shows problems with missing living space that is accessible for disabled persons and affordable at the same time. As well important is an improvement of the cooperation between elderly care and drug services. There is a need of appointed rules for offering substitution treatment in elderly care institutions: possibility of receiving opioid substitutes without being mobile anymore – if there is a doctor in the facility if this doctor is premised and motivated to offer substitution treatment. Furthermore, the expert named a demand for housing communities for ageing drug users with the possibility of specialised outpatient care and existing cooperation with experienced elderly care institutions as well as further education for drug services (about nursing care policies) and outpatient social support.

In Austria, there is the addiction care system on the one side and the health and social system with nursery care, homeless care, etc. on the other side. Special connection services between different institutions of health and social system (e.g. hospitals) and the drug aid system do exist. The working group 'older drug addicts' in Vienna, Austria includes representatives of different parts of the Vienna health and social systems. They are developing solutions and best possible care for the target group. From the point of view of the respondent, there is a lack of cooperation and networking between the responsible systems. There should be more specific training for participants although such training already exists in Austria.

The expert from The Netherlands suggested that a topic could be problem-based on age differences in assisted treatments of opioid users about 40 years + in the same situation as non-opioid users aged 50-60 years. It is necessary to offer a very individual care to support people and not thinking in "groups", decreasing stigma and open up for the topic as well as a good cooperation between professionals and professional systems. From the perspective of the practitioner there is a need for governmental investments in research and guideline development as well as ongoing education of staff.

3. Recommendations

Evidence is showing that older drug users have little or no family support, suggests that social care in addition to health services will be necessary and the reality we are facing is rising costs associated with caring appropriately for the increasing number of drug users reaching the older age (Beynon et al. 2010). Ageing drug users are a vulnerable population, with impaired health status, health needs, chronic conditions and loss of 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 (Roe 2010). Most age specific services are provided for ageing/ elderly people with problem use of legal substances like alcohol or medicals. What is missing is necessary participation-oriented services for the target group, disability access to all services (also in the harm reduction areas). The few already existing methods and services (see chapter 2.1.6.), as well as the even more common services for older people with use of alcohol or medications can be used as a base or orientation to create or implement programmes, services or institutions for the target group of ageing users of illegal substances. Nevertheless, careful planning will be required to meet recent and future needs of this special target group.

In order to cover the specific needs of ageing drug users it is one possibility *to adapt existing non-age-specific services*, including approaches, such as staff training or providing specific group work for ageing clients, social activities or events or by offering peer or volunteer support. In this case, existing services have to be restructured. There is a need of integrated, mutidisciplinary care, case management. In case of a loss of mobility, in-home interventions or more outreach work could be necessary, too. Care services and nurses should be mindful and sensitive to the needs of this small but emerging population. The other possibility is to *create new and specialized services and programmes*. There is a need to identify promising interventions and existing, new created or adapted good practice models of care on European and on national level (e.g. chapter 2.2.).

Another important point to improve treatment of ageing drug users is to build strong local and interdisciplinary, multi-professional basic *networks and cooperation* including doctors, nursing, palliative care, social services and peers. The interdisciplinary, professional exchange represents an important resource for the treatment of the target group.

Multiple somatic and mental health comorbidities complicate diagnosis treatment of older drug users (Kastelic 2014). Ageing drug users are also confronted with symptoms

of *premature physical ageing* (Vogt 2011) and are therefore prematurely reliant on medical service and nursing care. Drug use is a risk factor for earlier and more serious diabetes, neurological disorders, cardiovascular diseases, liver cirrhosis or cancer. Also there is a need for low-threshold *dental care*. Furthermore, the target group suffers from complex psychological and psychiatric disorders like anxiety or depression. Also, there is some evidence that drug users are more prone to early onset of dementia (Kastelic 2014) – but *low-threshold social-psychiatric services* for the target group are rare and, for these reasons, should be expanded. It is important to offer *chronic health conditions treatment* for patients suffering from chronic diseases like HCV or HIV. Also, it is important to prevent further spread of these diseases in offering services like low-threshold and disability accessing safe injecting facilities that will be by ageing drug users, also to reduce the risk of overdose. Moreover, mental health should form an important part of treatment for ageing drug users, too.

In *opioid substitution treatment* more care should be dedicated to the choice of medication, dosage, means of administration, take home dosages or pain treatment (Kastelic 2014). Opioid substitution medications (methadone, buprenorphine, diacetylmorphine etc.) should be offered in the homes of ageing drug users or spent as take-home maintenance medication. Consideration should be given to heroin-assisted treatment for people who have long-standing problems and could be described as being 'treatment resistant' (Johnston et al. 2017). The literature further suggests that this is particularly suitable for older clients with more health problems and greater former crime involvement, including when compared with abstinence-oriented residential treatments (Johnston et al. 2017). Opioid substitution and also heroin-assisted treatment is available in a number of European countries. *Adequate pain management* is necessary because of the high tolerance of long-time drug users to opioid analgesics. There is a lack of guidance on effective pain management for them and a tendency to under medicate the ageing drug user with opioid analgesics (Johnston et al. 2017). Pain management and *palliative care,* as well as *psychosocial accompaniment of dying drug users* will become important issues as a growing number of drug users reach an older age.

To prevent and end homelessness, housing-first models could be developed for ageing drug users who are living in unstable conditions. Examples of housing-first models can be found in Finland (Johnston et al. 2017), or in The Netherlands. *Safe housing situations* are important to stabilise drug use. In case of limited mobility, the housing models should offer the possibility for *disability access* as well as an opportunity for transport. In order

to reach the specific target group of the ageing drug users, it is necessary to work low-threshold and *outreaching*. Most of these people are already part of the non-age specific services. Supporting outreach social work that might include expanding home visits as integrated, *multidisciplinary* approach to public health could be an opportunity to work with this target groups.

Social isolation, as the literature suggests a result of being unemployed (loss of networks, skills, and knowledge), marginalisation and isolation could be reduced with providing age-specific groups, hosting social activities and event or by encouraging volunteer or peer group support. It's important to support the possibilities for *social exchange*. In working with these special clients it is important to include their worries about getting old and therefore *gender-specific issues* because also ageing processes have a lot of gender-specific issues to discuss or work on. Therefore it is also important to install a daily structure. A missing structure could make the days unpredictable and so very stressful for the ageing clients. A consistent routine helps to prevent social isolation and retraction, mobility restrictions, feelings of uselessness and loneliness.

More than ever there is a *need for governments to develop strategies and policies* to support this target groups and prevent unnecessary deaths on European and on national level. Assisted (nursing) homes are not paid to care and support ageing drug users and do not have the expertise to manage people with significant drug problems. There has to be an integrated, multidisciplinary approach to public health. In Australia, for example, service providers report a lack of appropriate screening tools to identify older people affected by substance use problems (Johnston et al. 2017). This needs also a further exploration in European countries. The focus on employment may not be relevant to the target group.

The topic of ageing drug users has not featured in policy and *research* which has been restricted to younger populations. Society does not expect older people to use drugs. It is necessary to collect more qualitative and quantitative data about this topic on national but also on European level.

Also, there is a need of *further education* for all relevant aid systems (drug aid, geriatrics, nursing care, doctors) to implement multi-professional case management in regard of the different needs and resources of ageing drug users and to learn about their cure and care from each other. Further education should include topics such as dealing with ethically problematic situations, de-escalation trainings, knowledge about infections and prophylaxis, safer-use and substance knowledge, etc.

The outlined suggestions in this assessment report are also important for service improvement by modifying existing services. Resources have to be coordinated and specialised services have to be developed to ensure a better treatment for ageing drug users in Europe.

4. Conclusion

This assessment report presents an overview of the situation of ageing drug users in Europe. The data presented here should raise concern regarding the preparedness of European treatment systems for meeting the increasing drug, health and social needs of ageing drug users, which will soon become the largest drug treatment population in Europe (Kastelic 2014). All European countries must now pay attention to ageing drug users to offer policies and drug strategies as the number of them will further increase in the next years, and they will frequent the national health and social systems. The presented data from drug treatment centres indicate that drug users aged 40 years or more constitute a large and increasing proportion of the overall population in these services (almost 20% of drug treatment entrants in Europe, close to 30% in some countries). Persons with a severe history of drug dependence are often socially isolated and marginalised, many of them live alone, they report high rates of unemployment and their social network is almost unstable (EMCDDA 2010). They suffer from negative effects of drug-induced effects on their physical and mental health.

The Good Practice Collection presented in this report shows that specialized (implemented) services which are focussed on the needs of ageing drug users are possible and in some European countries already existing. Some of them do already have a good cooperation within the different helping systems (drug service and medicine, ageing care/nurse care, housing) in form of pilot projects or alternative retirement homes.

Nevertheless, the topic is not yet considered of particular policy importance. The existing data and literature contain just a few reports of research. From all the existing studies, just a few have taken age-related aspects into their access.

The severity of the needs of this target group presents new challenges for specialised drug services but also for the health and social care and cure systems in the whole of Europe. Ageing drug users do have special health and social needs. Consequently, treatment and support have to follow these changing needs. The increasing speed of ageing in this group adds to this problem and makes fast solutions even more important (BeTrAD 2016). For service providers it is necessary to adapt existing services to an ageing drug using population, as the experts in the interviews already mentioned. There is a need for integrating geriatrics and nurse care in drug treatment, staff training, further education and good local, regional and national networking. Policies, geriatrics, professional associations and addiction treatment services, as well as low-threshold services, must cooperate with each other by using their specific knowledge based on research and ensuring that ageing drug users have access to special or specialised help systems in order to improve the situation of this target group and offer them a better treatment.

5. Annexes

5.1 Assessment Matrix

COUNTRY	CONTACT			PROBLEM OPIOID USE					
	Name	Email	Organisation	Total Country Population (15-64 years)	Number of Problem Opioid Users	Percentage of Problem Opioid Users (in %)	Number of Problem Opioid Users over 40 Years	Percentage of Problem Opioid Users over 40 Years (in %)	Trajectory of Aging Drug Users

SUBSTITUTION TREATMENT				PROBLEM USE OF CANNABIS				
Number of Users in Substitution Treatment	Percentage of Users in Substitution Treatment (in%)	Number of Users over 40 Years in Substitution Treatment	Percentage of Users over 40 Years in Substitution Treatment (in %)	Number of Problem Users of Cannabis	Percentage of Problem Users of Cannabis (in %)	Number of Problem Users of Cannabis over 40 Years	Percentage of Problem Users of Cannabis over 40 Years (in %)	Trajectory of Aging Drug Users

PROBLEM USE OF MDMA					PROBLEM USE OF COCAINE				
Number of Problem Users of MDMA	Percentage of Problem Users of MDMA (in %)	Number of Problem Users of MDMA over 40 Years	Percentage of Problem Users of MDMA over 40 Years (in %)	Trajectory of Aging Drug Users	Number of Problem Users of Cocaine	Percentage of Problem Users of Cocaine (in %)	Number of Problem Users of Cocaine over 40 Years	Percentage of Problem Users of Cocaine over 40 Years (in %)	Trajectory of Aging Drug Users

PROBLEM USE OF AMPHETAMINES					SPECIFIC SERVICES AND METHODS FOR AGING DRUG USERS					
Number of Problem Users of Amphetamines	Percentage of Problem Users of Amphetamines (in %)	Number of Problem Users of Amphetamines over 40 Years	Percentage of Problem Users of Amphetamines over 40 Years (in %)	Trajectory of Aging Drug Users	INPATIENT with Nursing	INPATIENT without Nursing	OUTPATIENT with Nursing	OUTPATIENT without Nursing	OTHER SERVICES (e.g. Case Management)	Collaboration of Drug and Geriatric Services

SPECIFIC POLICIES FOR AGING DRUG USERS			PLANNED DEVELOPMENT OF SPECIAL POLICIES OR SERVICES?
Legal Conditi-ons	Health System Conditi-ons	Social System Conditi-ons	Other Develop-ments

5.2 Guiding Questions for Expert Consultation

IO1 – Assessment: A3 Expert Consultation

Expert Interview on European Experts

Country:

Contact Person:

Organisation:

Position:

Guiding Questions

1.) **Could you please tell us something about the development of ageing drug user in your country (generally, or in in specific drug service areas).**

2.) **Do you have already specific services and methods for ageing drug users in your country?**

   a. What kind of specific services do you offer to the target group?
      i. Inpatient services (with or without domestic services)?
      ii. Outpatient services (with or without domestic services)?
      iii. Other special services?
   b. Are these specific services available to all age groups of drug users, or only to older drug users?

3.) **Are there already trainings existing for staff of drug services of elderly care or addiction services for working with ageing drug user?**

4.) **Can you please describe the collaboration of drug and geriatric services (care for the elderly, geriatrics) in your country?**

5.) **Do you already have existing specific national (or regional) policies for ageing drug users in your country?**

   a. Can you please describe them?

6.) **Are there developments planned of special policies, guidelines or services for ageing drug users in your country?**

7.) **In your opinion, what are the key barriers and challenges in working with ageing drug users?**

   a. What do you think needs improvement?
   b. What are the needs of ageing drug users treatment in your country?
   c. Would you recommend some strategies to improve the care for ageing drug users treatment in your country?

5.3 Evaluation Matrix Expert Consultation

	Luxembourg	Germany	Netherlands	Austria
Contact; Position and Organisation				
Trajectory				
Specific Services				
Specific Trainings				
Collaboration geriatrics and drug services				
National policies				
Planned developments				
Key Barriers and Challenges				

Literature

Abrigado (2017): Auswertung Drogenkonsumraum 2017. Hg. v. Abrigado. Luxembourg.

akzept e.V. (Hg.) (2017): 4. Alternativer Drogen- und Suchtbericht 2017. 1. Auflage. Lengerich, Westf: Pabst Science Publishers. Available on: http://alternativer-drogenbericht.de/wp-content/uploads/2017/05/adsb2017web.pdf, 30.01.2018.

Avert (2017): Global information and education on HIV and AIDS: HIV and AIDS in W & C Europe & N America regional overview. Available on: https://www.avert.org/professionals/hiv-around-world/western-central-europe-north-america/overview, 26.03.2018

BeTrAD. Better Treatment for Ageing Drug User (2016). Available on: http://www.betrad.eu/, 31.10.2017.

Beynon, C.; Roe, B.; Duffy, P.; Pickering, L. (2009): Self reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in Merseyside, United Kingdom. In: *BMC Geriatrics* 9 45.

Beynon, C.; Stimson, G.; Lawson, E. (2010): Illegal drug use in the age of ageing. In: *British Journal of General Practice* July, S. 481–482.

Cassar, J.; Stafford, J.; Burns, L. (2009): Examining differences between younger and older injecting drug users in the 2009 IDRS. In: *Drugs Trends Bulletin*.

Cerreta, F.; Eichler, H.-G.; Rasi, G. (2012): Drug policy for an aging population--the European Medicines Agency's geriatric medicines strategy. In: *The New England journal of medicine* 367 (21), S. 1972–1974. DOI: 10.1056/NEJMp1209034.

Eisenbach-Stangl, E.; Spirig, H. (2011): Auch Drogenabhängige werden älter. Zur Lebenssituation einer Randgruppe. In: *European Centre: Policy Brief*.

EMCDDA (2009): Problem Drug Use Estimation, September 2009. Available on: https://www.unodc.org/documents/balticstates/EventsPresentations/IDU_Estimation_LV_Sep09/Hay_IDU_Estimation_Latvia.pdf, 24.02.2018.

EMCDDA (2010): Treatment and care for older drug users. Lisbon.

EMCDDA (Ed.) (2013): Ageing and addiction: challenges for treatment systems. With work of: Alessandro Pirona, Bruno Guarita, Linda Montanari und André Noor.

EMCDDA (2015): European Drug Report 2015. Luxembourg. Available on:http://www.emcdda.europa.eu/attachements.cfm/att_239505_EN_TDAT15001ENN.pdf, 18.03.2018

EMCDDA (Ed.) (2017a): Austria. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017b): Belgium. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017c): Bulgaria. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017d): Croatia. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017e): Cyprus. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017f): Czech Republic. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017g): Denmark. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017h): Estonia. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017i): European Drug Report 2017. Lisbon.

EMCDDA (Ed.) (2017j): Finland. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017k): France. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017l): Germany. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017m): Greece. Country Drug Report. Frankfurt/Main.

EMCDDA (Ed.) (2017n): Hungary. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017o): Ireland. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017p): Italy. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017q): Latvia. Country Drug Report.

EMCDDA (Ed.) (2017r): Lithauania. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017s): Luxembourg. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017t): Malta. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017u): Netherlands. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017v): Norway. Country Drug Report.

EMCDDA (Ed.) (2017w): Poland. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017x): Portugal. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017y): Romania. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017z): Slovakia. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017aa): Slovenia. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017ab): Spain. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017ac): Sweden. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017ad): Turkey. Country Drug Report. Lisbon.

EMCDDA (Ed.) (2017ae): United Kingdom. Country Drug Report. Lisbon.

European Union (Ed.) (2017): EU Action Plan on Drugs 2017-2020.

Hößelbarth, S.; Stöver, H.; Vogt, I. (2011): Lebensweise und Gesundheitsförderung älterer Drogenabhängiger im Rhein-Main-Gebiet. In: I. Vogt (Ed.): Auch Süchtige altern. Probleme und Versorgung älterer Drogenabhängiger. Frankfurt am Main: Fachhochschulverlag.

Hößelbarth, S.; Stöver, H.; Vogt, I. (2017): Lebensweise und Gesundheitsförderung älterer Drogenabhängiger im Rhein-Main-Gebiet. In: Stöver, H.; Jamin, D.; Padberg, C. (Eds.): Ältere Drogenabhängige. Versorgung und Bedarfe. Frankfurt am Main: Fachhochschulverlag.

Johnston, L.; Liddell, D.; Browne, K.; Priyadarshi, S. (2017): Responding to the needs of ageing drug users. Background paper commissioned by the EMCDDA for Health and social responses to drug problems: a European guide.

Kastelic, A. (2014): Do we need special programs for aging drug users? High risk drug use and drug treatment in Europe 2014: Continuity and Change. EMCDDA. Lisbon, 24.09.2014.

Mayring, P. (2015): Qualitative Inhaltsanalyse. Grundlagen und Techniken. 12., überarb. Aufl. Weinheim: Beltz (Beltz Pädagogik). Available on http://content-select.com/index.php?id=bib_view&ean=9783407293930.

National Observatory on Drugs and Addiction Czech Republic (Eds.) (2015).

Nezet, L. O.; Spilka, S.; Laffiteau, C.; Beck, F. (2009): Usages de substances psychoactives après 60 ans. In: *Tendences* (67).

Preitler, G.(2017): Auch Drogenabhängige werden älter - Integrative Strategien in Wien. In: Stöver, H.; Jamin, D.; Padberg, C. (Eds.): Ältere Drogenabhängige. Versorgung und Bedarfe. 1. Aufl. Frankfurt/Main: Fachhochschulverlag, 273–290.

Roe, B. (2010): Developing nursing practice, treatment and support services for ageing drug users. In: *Nursing Times* (106), 45.

Stöver, H.; Förster, S. (2017): Drogenkonsumraum-Dokumentation. Auswertung der Daten der vier Frankfurter Drogenkonsumräume. Jahresbericht 2016 - Dokumentationszeitraum 01.01. – 31.12.2016. Frankfurt am Main.

Stöver, H.; Jamin, D.; Padberg, C. (Eds.) (2017): Ältere Drogenabhängige. Versorgung und Bedarfe. Frankfurt am Main: Fachhochschulverlag.

Vogt, I. (Ed.) (2011): Auch Süchtige altern. Probleme und Versorgung älterer Drogenabhängiger. Frankfurt am Main: Fachhochschulverlag.

Wadd, S.; Galvani, S.; Goldberg, T. (2014): The Forgotten People: Drug Problems in Later Life.

Wisselink, D. J.; Kuijpers, W.G.T.; Mol, A. (2016): Key Figures Addicition Care 2015. National Alcohol and Drugs Information System. Unter Mitarbeit von Stichting IVZ. Hg. v. LADIS. National Alcohol and Drugs Information System. Houten.

This project has been funded with support from the European Commission.
This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.