



*Better Treatment
for Ageing Drug User*

Recommendations to improve policy and practice for aging drug users

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 the 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. Based on the outcomes of the BETRAD project, the expert group prepared the following recommendations to improve policy and practice:

SPECIFIC EUROPEAN AND NATIONAL POLICIES FOR AGING DRUG USERS

European and national policymakers and stakeholders should develop responsive policies, strategies and action plans to improve treatment and services supporting the needs of ageing drug users.

BETTER ASSESSMENT OF THE SITUATION OF AGING DRUG USERS

1. Improve monitoring and analysis of the epidemiological data on drug use considering the age group (40 y/o or over). Do not set an upper age limit on any relevant survey or data collection procedure
2. Consider different groups of ageing drug users in research approaches (substitution patients, problematic users, poly-drug use)
3. Implement quantitative and qualitative research on ageing and drug use to have better and deeper knowledge on the special needs of the target population
4. Support the transfer of research into practice (projects, services, and facilities).

ADAPTING SERVICES TO AGEING DRUG USERS AND/OR CREATING SPECIALIZED SERVICES AND SPECIFIC PROGRAMS

On programme level

5. Involve the target population (40 y/o or over people who use illicit drugs, in or off treatment) in the design of services or programmes
6. Introduce the “age approach” to the existing drug care
7. Introduce an appropriate care of drug-related problems and dependence (either caused by licit and/or illicit drugs) into the existing nursing care and the medical geriatric system

8. Develop programs and services for aging drug users from a multidisciplinary approach, providing them with a physical/geriatric and psychological care attending to their specific needs and not only focused on pharmacological therapy
9. Build and support networks and cooperation between primary care system, drug care services, and mental health care network.

On service level:

10. Introduce or intensify special physical/geriatric and psychological care, as ageing drug users are confronted with symptoms of premature physical ageing, complex psychological and psychiatric disorders and early onset of dementia
 - a. Include screening tools to evaluate cognitive deterioration in drug care services
 - b. Incorporate cognitive rehabilitation programmes in drug services working with aging drug users
 - c. Include wound management
11. Establish lodging services/programs based on Housing-first models for ageing drug users who are living in unstable conditions
12. Establish low-threshold social-psychiatric services
13. Establish low-threshold and disability accessing safe injecting facilities
14. Introduce pain management and palliative care
15. Introduce psychosocial accompaniment for dying drug users
16. Introduce low-threshold (in- and outpatient) dental care.
17. Promote further education targeted to professionals from different disciplines treating ageing drug users (drug addiction, geriatrics, primary health care...)
18. Optimise opioid substitution treatments:
 - a. Offering a wider range of treatments: methadone, buprenorphine, diacetylmorphine
 - b. Flexible treatment according to the physical, social and psychological situation of the patient: choice of medication, dosage, means of administration, take-home doses, and treatment in facilities of drug care.
19. Redefine the inclusion criteria of the nursing care services, and do not base them only on the chronological age but on other, criteria such as the frailty index (Frailty Index for Elders – FIFE) or other measurement instruments.

PREVENTION OF ISOLATION AND SOCIAL EXCLUSION

20. Promote peer or volunteer support
21. Implement in-home interventions or more outreach work
22. Offer specific work groups for the target population and other subcategories following their special needs or interests
23. Organise social activities or events for this group
24. Implement criteria of the International Classification of Functioning (ICF) in the care planning.

