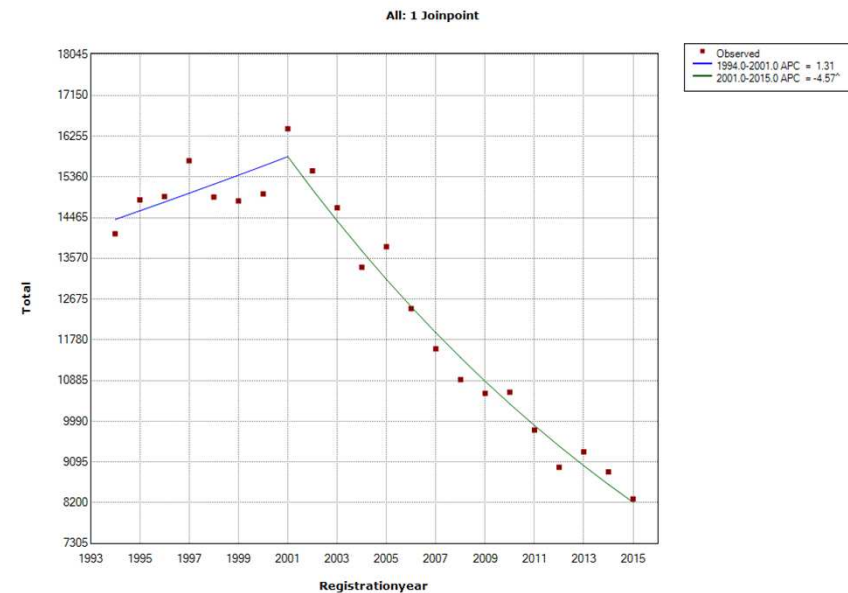


**Ageing high-risk drug users
The Netherlands
Jeroen Wisselink, Wil Kuijpers**

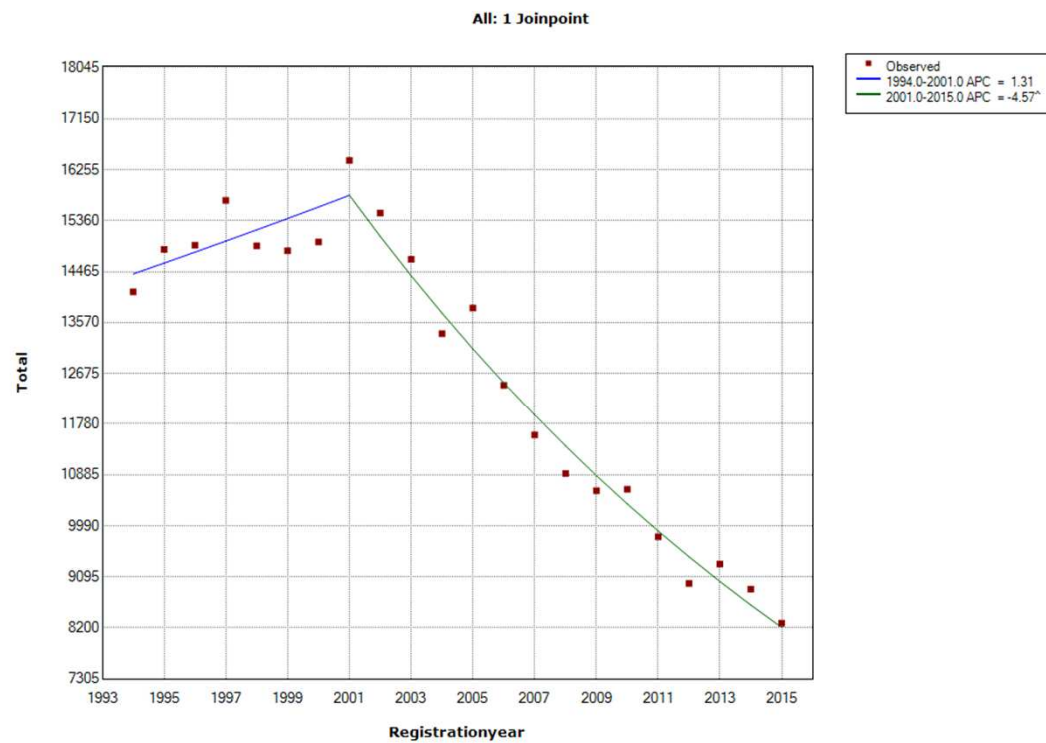
1. What does TDI data and other data tell us about ageing among HRDU in the Netherlands?

- 2 examples
- TDI data on heroine
- DRD Opiates OD



* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 1 Joinpoint.

Trends Treatment Demand heroin (1994-2015)

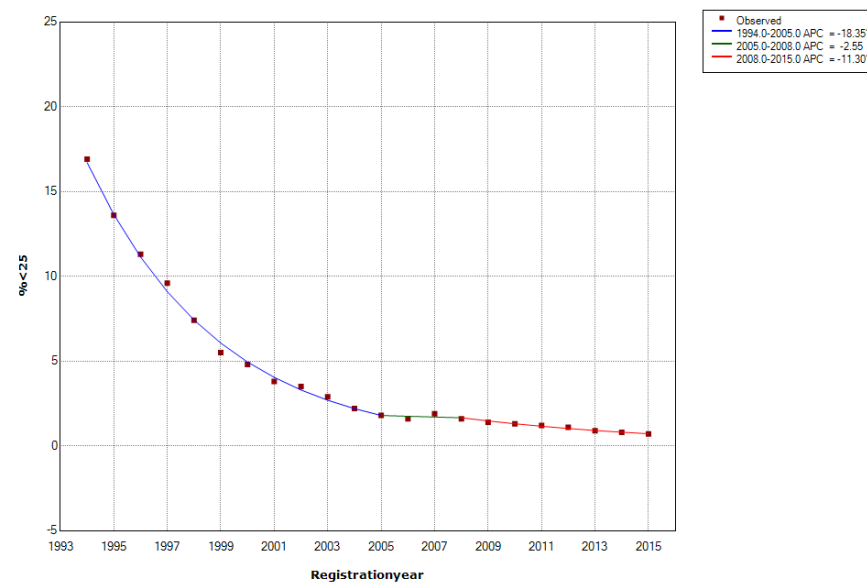
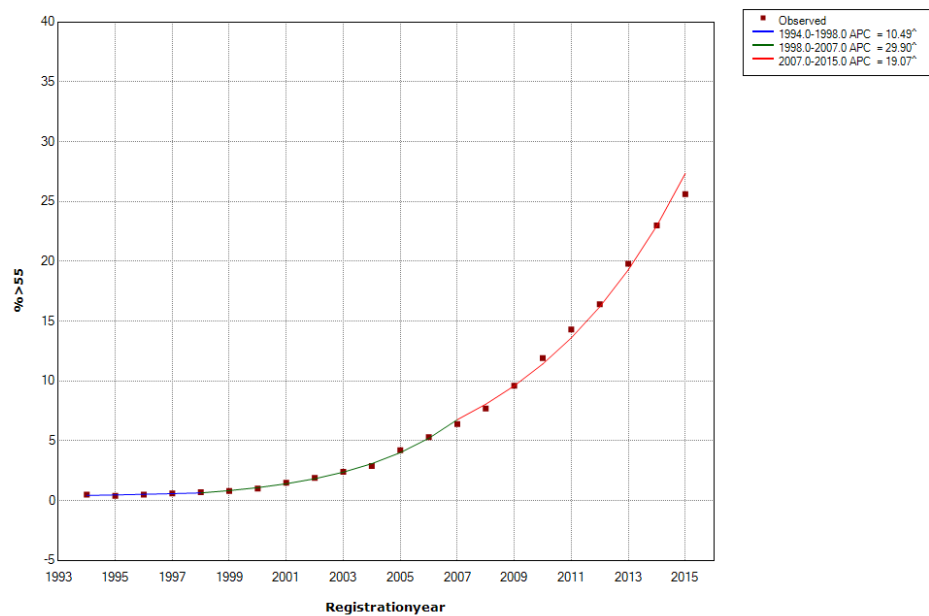


* Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 1 Joinpoint.

Trends Treatment Demand heroin (1994-2015)

Primary problem
Heroin % >55Y

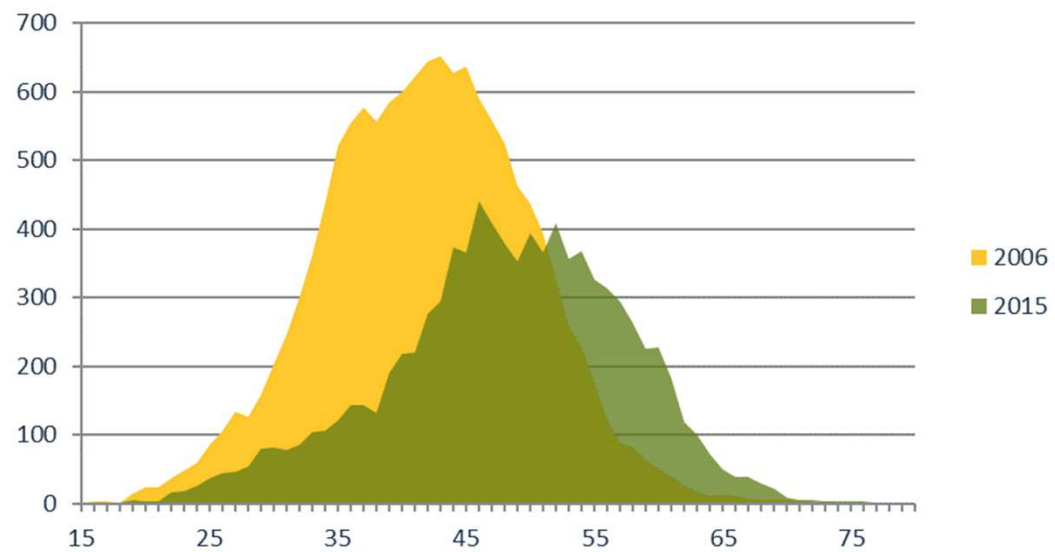
Primary problem
Heroin % <25Y



^ Indicates that the Annual Percent Change (APC) is significantly different from zero at the alpha = 0.05 level.
Final Selected Model: 2 Joinpoints.

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Final Selected Model: 2 Joinpoints.

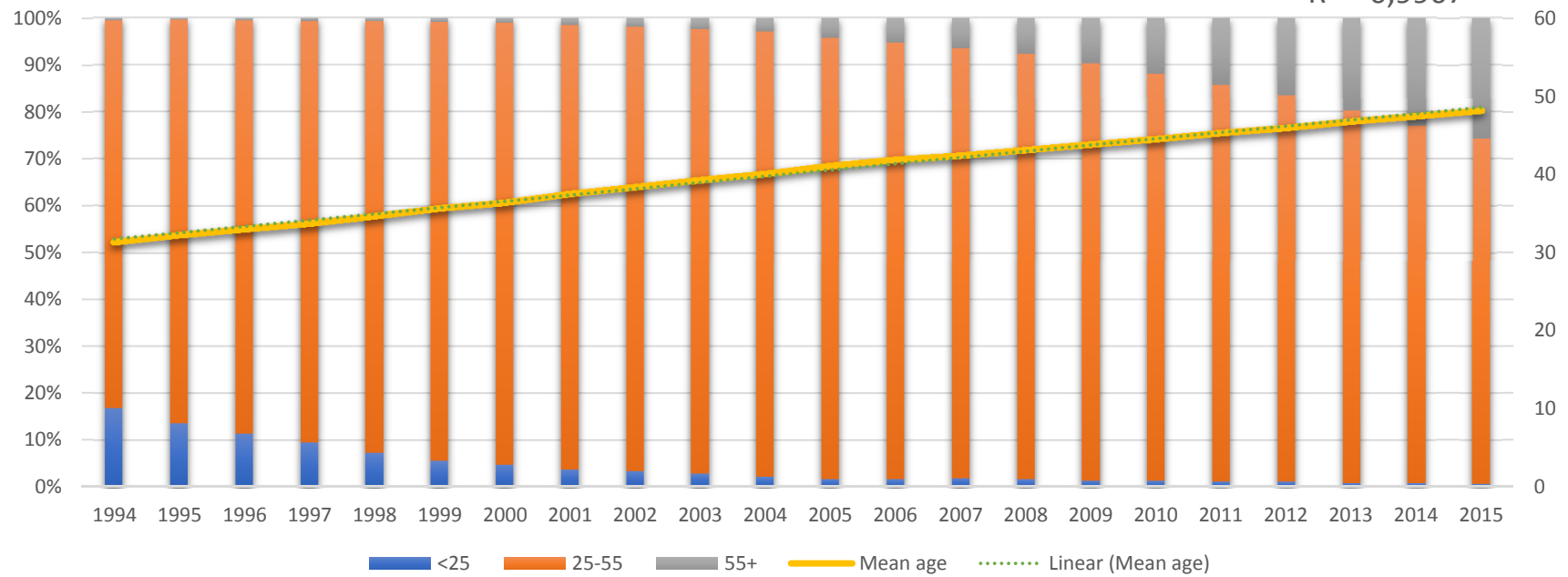
TDI



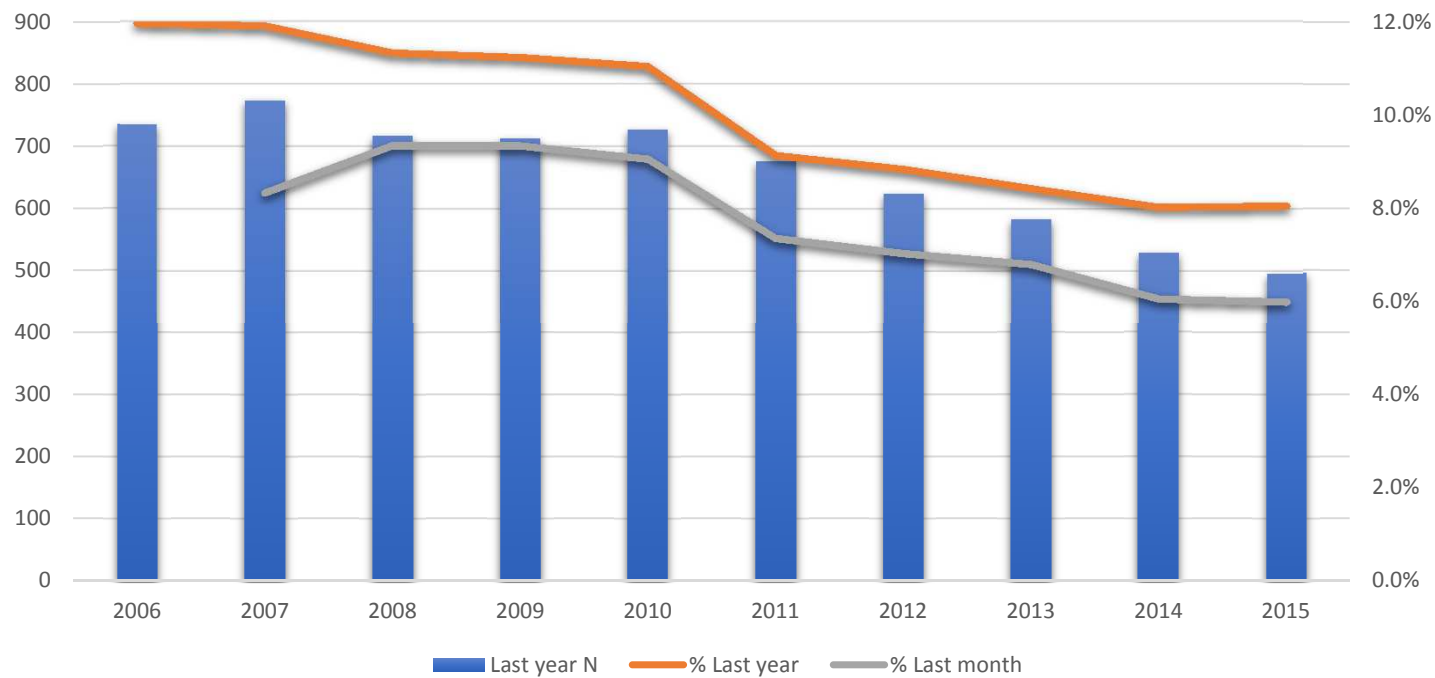
TDI

Age PP heroine

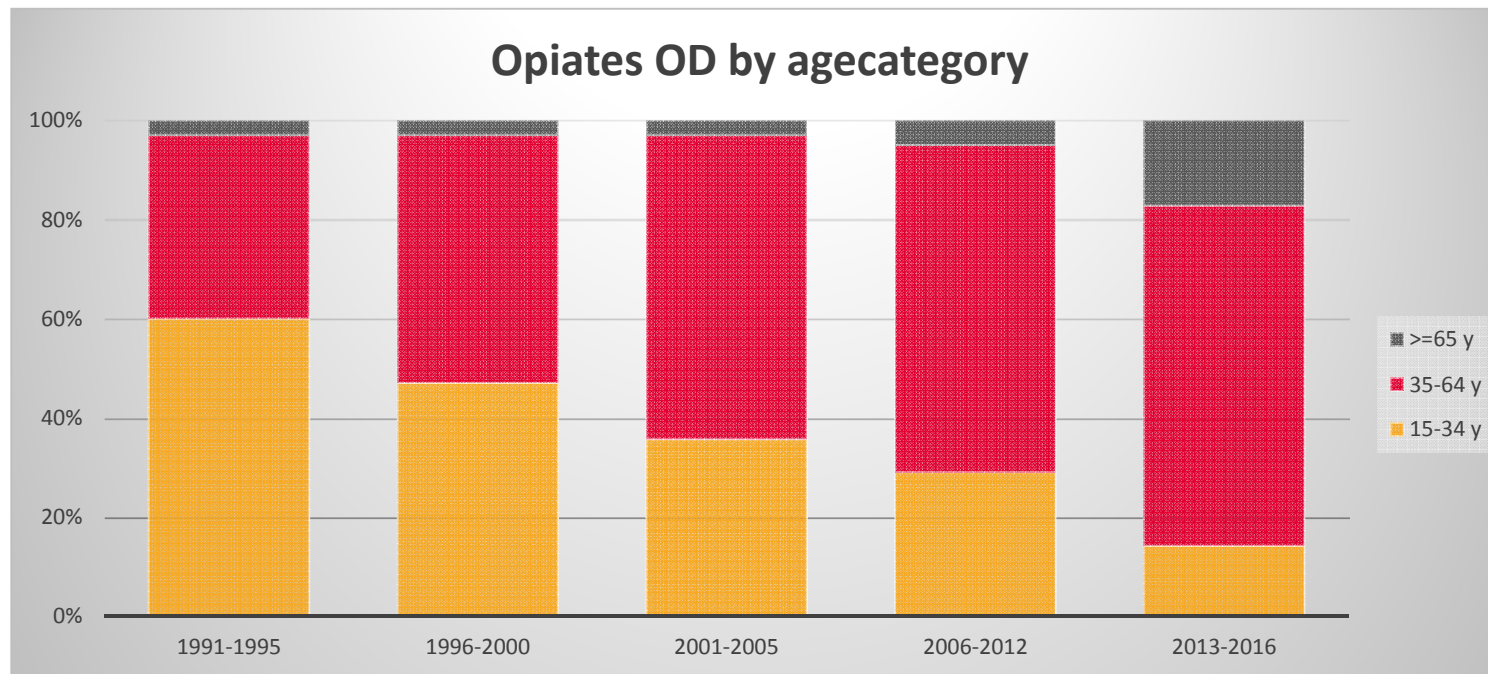
$$y = 0,8034x + 30,918$$
$$R^2 = 0,9967$$



Trend injecting PP opiates 2006-2015



DRD



Conclusions Trends TDI DRD

- Aging population: **treatment demand** heroin:
 - Almost a cohort:
 - Incidence 3%
 - Mean age 1994=31 2015=48 (linear growth= +0.8y per year)
 - Increase percentage >55years: 2007-2015 = +20% per year
 - Decrease in IDU
- Aging population: **DRD** Increase opiates OD >65y

2. What are the main health and social concerns and needs observed among these groups?

Double aging effect:

PDU do need more somatic and mental healthcare

Elderly people need more somatic and mental healthcare

More elderly PDU do definitely need more (group specific) care

Housing:

Not always possible in regular houses. Need for more specialized housing programs (Woodstock).

Maturing out mechanism:

Decrease in criminality: more regular care instead of forensic care. Less people in prison

Housing Woodstock Den Haag



Full participation in harm reduction programmes is associated with decreased risk for human immunodeficiency virus and hepatitis C virus: evidence from the Amsterdam Cohort Studies among drug users

Charlotte Van Den Berg^{1,2}, Colette Smit², Giel Van Brussel³, Roel Coutinho^{4,5} & Maria Prins^{2,5}

Department of Human Retrovirology, Center for Infection and Immunity Amsterdam (CINIMA), Academic Medical Center, Amsterdam, the Netherlands,¹ Cluster Infectious Diseases, Department of Research, Amsterdam Health Service, Amsterdam, the Netherlands,² Cluster Social and Mental Healthcare, Amsterdam Health Service, Amsterdam, the Netherlands,³ National Institute for Public Health and the Environment, Center for Infectious Disease Control, Bilthoven, the Netherlands⁴ and Department of Internal Medicine, Division of Infectious Diseases, Tropical Medicine and AIDS, CINIMA, Academic Medical Center, Amsterdam, the Netherlands⁵

RESEARCH ARTICLE

Cost-Effectiveness of Hepatitis C Treatment for People Who Inject Drugs and the Impact of the Type of Epidemic; Extrapolating from Amsterdam, the Netherlands

Daniëla K. van Santen^{1*}, Anneke S. de Vos², Amy Matser¹, Sophie B. Willemse³, Karen Lindenburg¹, Mirjam E. E. Kretzschmar^{2,4}, Maria Prins^{1,5}, G. Ardine de Wit^{2,4}

1 Department of Infectious Disease Research and Prevention, Public Health Service of Amsterdam, Amsterdam, the Netherlands, **2** Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, the Netherlands, **3** Department of Gastroenterology and Hepatology, Academic Medical Center, Amsterdam, the Netherlands, **4** National Institute of Public Health and the Environment, Bilthoven, the Netherlands, **5** Department of Infectious Diseases, Center for Infection and Immunology Amsterdam (CINIMA), Academic Medical Center (AMC), Amsterdam, the Netherlands

* dvsanten@ggd.amsterdam.nl



What are the implications for practice and the implications for policy

- Equal access to treatment *and* more specific care
- Equal access to housing *and* more specific housing programs.
- Daytime activities/ volunteer work

Important developments in the Netherlands:

- Change of financing mental health care and chronic care
- Transition responsibility of care to local municipalities

Conclusions & discussion:

Would you consider that the ageing of HRDUs is evidence of the success of the responses to problem drug use in your country over the last decades (or is it a sign of failure)?

Success! Not only the aging but also the low incidence of young people.

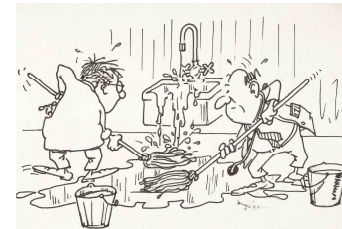
Opioid substitution treatment (OST) and Needle and syringe programmes (NSPs) are effective in terms of reducing DRD.

Result: Aging population with more health problems.

Conclusions & discussion

What are the lessons learned and what would we need to improve if a new large scale heroin epidemic were to occur?

prevention is better than cure:
mopping up the floor without also turning off the faucet.



Turning off the faucet:

- Leveling social inequality?
- Education
- Awareness
- Prevention
- Reduce supply
- Reduce trafficking

Mopping up the floor

- Demarginalization HRDU
- Decriminalization HRDU
- OST
- NSEP
- Equal access to care
- Tailored care: Staging and Profiling