Ageing among high risk drug users in Portugal

2017 Expert meeting on TDI/Treatment

Session: Ageing high-risk drug users

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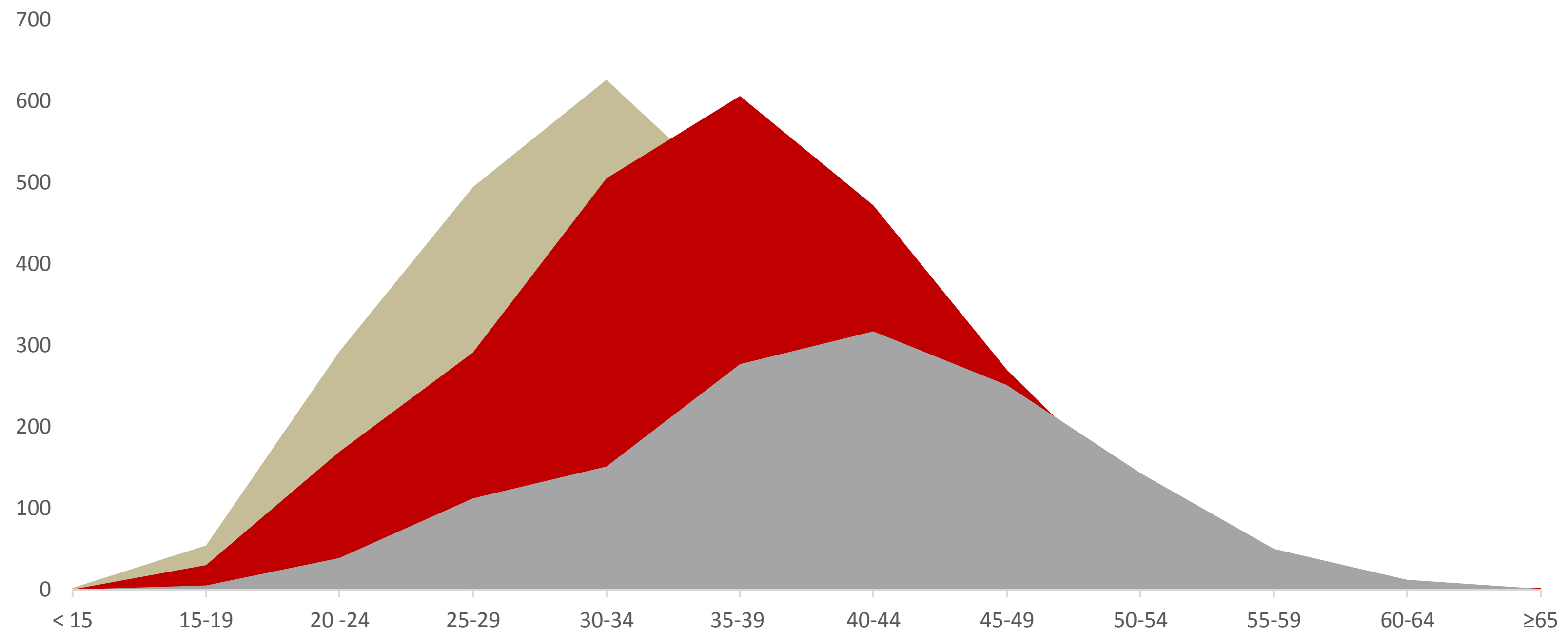
High risk Opiate Users:
Treatment entrants by age
2006 / 2010 / 2015

Treatment entrants - mean age:

2006 : PT= 33 years; EU= 33 years **2010**: PT= 37 years; EU= 35 years **2015**: PT= 41 years ; EU= 37 years



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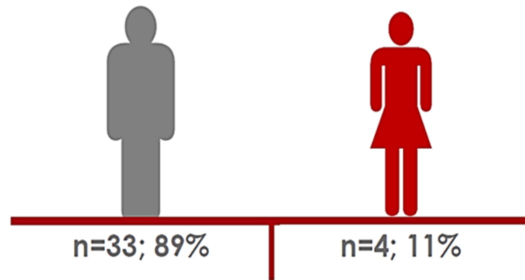
Drug induced deaths - 2014



Criteria – EMCDDA Protocol
Source: Instituto Nacional de Estatística, I.P. / SICAD

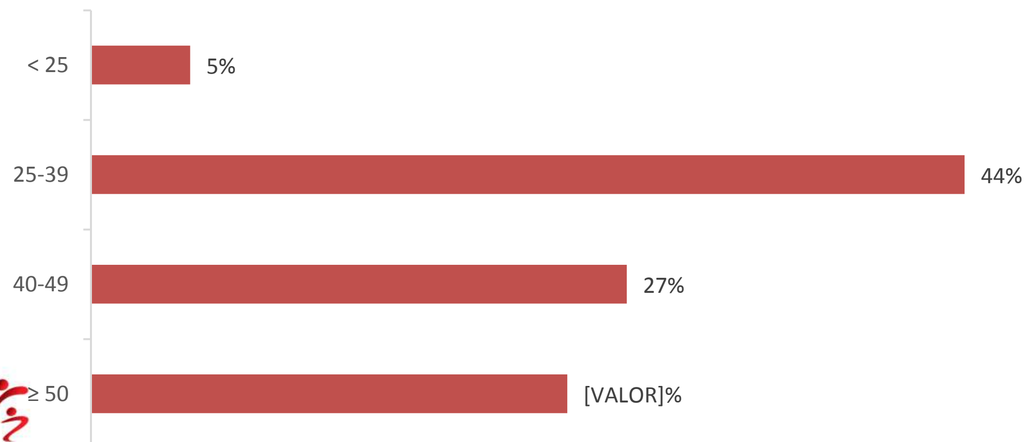
Mean age at death

41,6

Deaths with opioids present

49%

Age at death



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Ageing High risk Opiate Users
Treatment Entrants > 40 years old – 2015
(N= 706)

Serological Status:

- HIV positive = 14%
- HCV positive = 77%

Marital status:

-73% : single+ divorced/separated + widower

Schooling:

- 56% didn't accomplished 9 years of schooling
- 26% only accomplished 9 years of schooling

Employment:

-52% are unemployed

Housing:

- 13% are homeless, or at risk of becoming homeless

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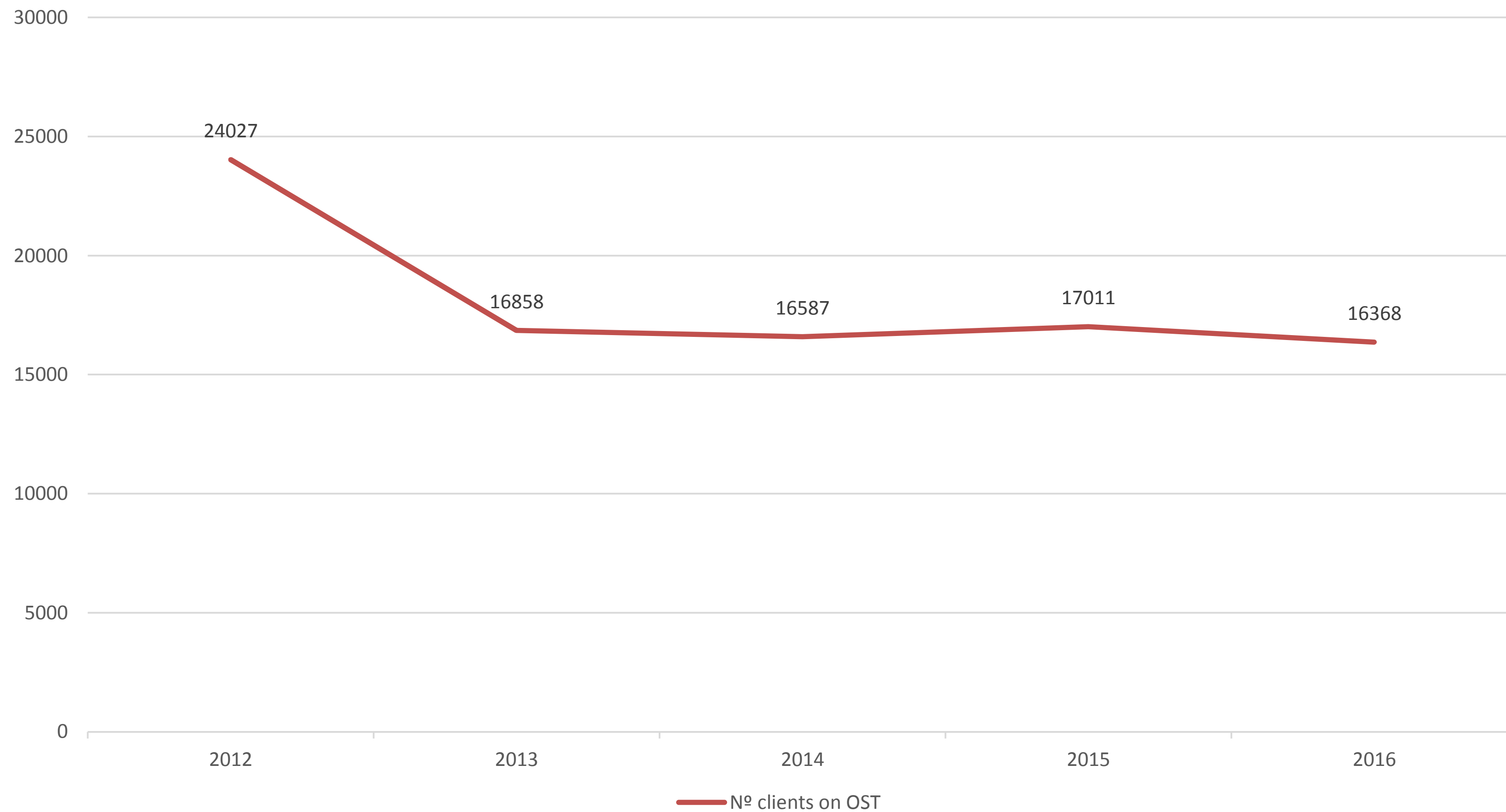
Ageing High risk Drug Users
Political Implications

2013-2016 National Action Plan Actions with impact on the AHROU group : summary of contents	
Treatment	- Increase the capacity to detect additive behaviors and dependencies in this age group; - Increase accessibility of responses and of inter-service referral capacity; - Increase the availability of evidence-based responses, specially those aimed at: late consequences of dependencies, comorbidities; - Increase the capacity of services for the diagnosis and intervention as regards: psychiatric, infectious, cardiovascular, gastrointestinal and oncological diseases.
Social Rehabilitation	- Coordination and harmonisation of responses within the scope of Social Security in order to meet the global needs of dependent citizens; - Increase the efficacy of rehabilitation / re-socialisation mechanisms, in view of: the decrease of poverty and of social exclusion situations; the promotion of housing and employment.
Harm and Risk Reduction	- Reduce the risk of new infections; - Decrease the number of overdose episodes; - Increase the ability to detect new infections; - Increase adherence to HAART; - Increase the referral for treatment.

Opiate Users
Trends on OST delivery



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Ageing High risk Drug Users
Therapeutic Community – Long Term Programme

Treatment:

Long Term specific Programme - Non respondent patients

<u>Admission Criteria</u>:

1. > 10 years of addiction;
2. Impoverishment of relations network, severe social isolation, high degree of disinsertion;
3. Multiple failures in previous therapeutic interventions;
4. Clear inability to change their drug use life style;
5. Lack of familiar and social support, homelessness. Concomitant inability to alter, for themselves, these unfavorable circumstances;
6. For more than a year: unemployment, or inability to raise means to subsist;
7. Diminished personal and social skills, and on personal organization.

Requiring from TC's: increased networking with Health and Social Security agencies ands services

Conclusions – Lessons learned

Question: ageing of high risk drug users is an evidence of success in responding to problem drug use, or is it a sign of failure?

- Scientific evidence: addiction is a chronic primary disease of the brain - consequences in judging success or failure of policies and intervention:

1) Recovery from an additive disorder is a process often requiring several treatment episodes: valorisation of sustained health gains shifts from solely the "cure" to include also the management of the evolution of the disease;

2) Chronic disease: cycles of relapse and abstinence are not only possible but probable => relapse is not necessarily a sign of intervention failure– opportunity for the redefinition of objectives and strategies;

3) In case of successful response, don't turn your back: continuous monitoring and follow-up is required;

4) Ultimate goal of treatment (WHO): to restore a person to a state of global stability, as much as his bio-psycho social potential allows;

5) Interventions are globally useful, but results depend on:

5.1) the magnitude and nature of the bio-psycho-social problems presented by the person
5.2) the possibility of acceding to a care delivery system that responds in an integrated and continuous manner to their bio-psycho-social needs.

Conclusions – Lessons learned

The evidence that a group of high risk drug users is ageing is a success;

however:

Challenge: to design and implement integrated responses that really help them to have the best possible stability and quality of life, accordingly with their bio-psycho-social potential.

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