

Ageing and addiction: challenges for treatment systems

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Background

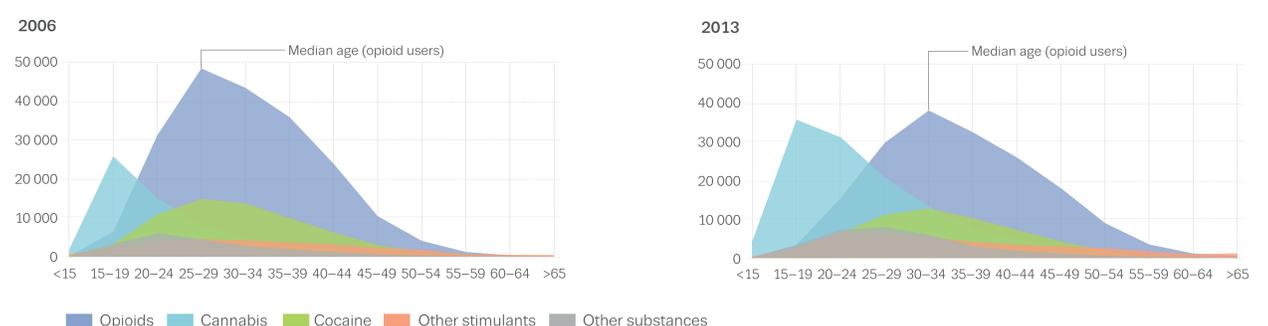
Historically, problem opioid users, mainly injectors, have always represented the largest client group receiving specialised drug treatment in the European Union. The needs of large cohorts that started heroin injecting during the heroin 'epidemics' of 1980s and 90s have shaped and characterised current European specialist and low-threshold treatment systems. Opioid substitution treatment (OST) is one example of this. With nearly 700 000 Europeans receiving this treatment, OST clients currently represent a substantial proportion of the European treatment population.

High-risk opioid users: an ageing cohort

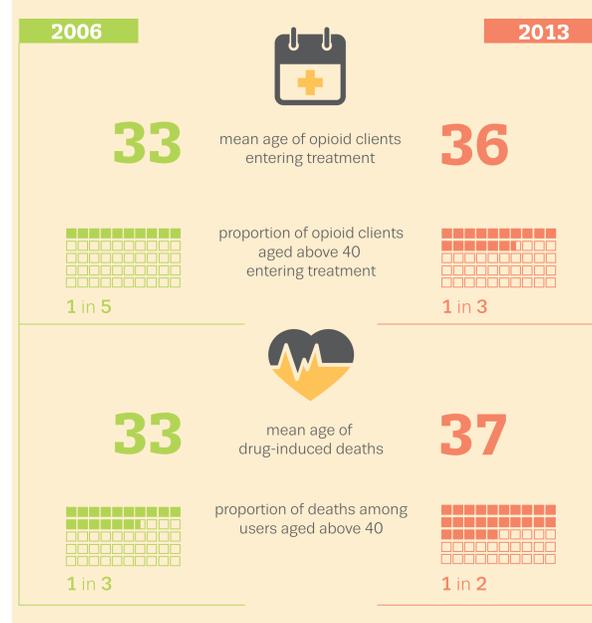
The most recent EMCDDA treatment and drug-related death data show two notable trends among opioid users. First, the number of opioid users entering treatment in the European Union is declining, while the average age is increasing. Between 2006 and 2013, the mean age of clients entering treatment for problems related to opioid use increased from 33 years to 36 years and the median age increased by 5 years (Figure 1); at the same time, the proportion of opioid clients entering treatment aged over 40 increased from 1 in 5 to 1 in 3. Secondly, while between 2006 and 2013, the overall number entering treatment fell by 3 %, the number of opioid users entering treatment decreased by 21 %. These treatment data point to a large cohort of European opioid users that is ageing and, with little new uptake, is gradually disappearing from the European treatment landscape.

This existence of an ageing cohort is confirmed by data from the EMCDDA drug-related death indicator, which indicate an increase in the average age of drug-induced deaths (which are mainly related to opioids) from 33 years to 37 years between 2006 and 2013. Over the same period, the proportion of all overdose deaths occurring among those aged above 40 years increased from 30 % to 44 % (Figure 2).

FIGURE 1 | Trends in age structure of clients entering treatment by primary drug, 2006 and 2013

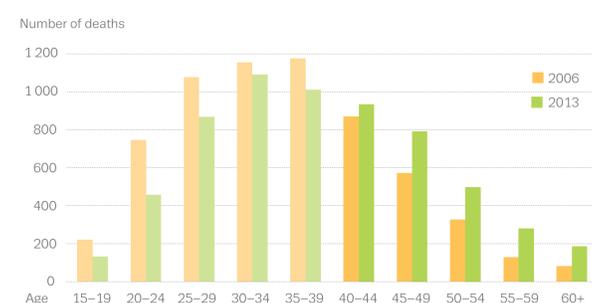


Ageing high-risk opioid users



High-risk drug users aged above 40 may soon become the largest drug treatment population in Europe

FIGURE 2 | Number of drug-induced deaths by age group in 2006 and in 2013



Complex health and social needs

Worryingly, these older users are characterised by a history of poor health, long-term drug taking, chronic tobacco and alcohol use, and age-related deterioration of the immune system, which make them susceptible to chronic health problems, such as cardiovascular and lung conditions. Long-term heroin users also report chronic pain, while infection with one of the hepatitis viruses can place them at increased risk of cirrhosis and other liver problems. In several EU Member States, high prevalence levels of hepatitis C virus among drug users are primarily concentrated among the older opioid injectors. The cumulative effects of polydrug use, non-fatal overdose and infections over many years accelerate physical ageing among these users, with growing implications for treatment and social support services.

Policy implications

While much policy interest is now focused on addressing new psychoactive substances and cannabis-related problems among young people, data presented here should raise concern regarding the preparedness of European treatment systems for meeting the increasing and complex drug, health and social needs of an ageing cohort of opioid users, which will soon become the largest drug treatment population in Europe.

As this large cohort reaches an advanced age, they will require a set of costly and multi-disciplinary interventions beyond specialist drug treatment. Such measures do not appear to be in place at levels required to meet the current and upcoming needs of this population.