Charakteristika starších dospělých a seniorů s látkovou závislostí

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VÝCHODISKA*: Postupné stárnutí obecné populace přináší nové problémy, jakým je např. rostoucí skupina starších osob s poruchami z užívání návykových látek. Počet těchto lidí neustále narůstá a podle aktuálních předpokladů bude tento vzestupný trend pokračovat minimálně do roku 2020.* ***CÍLE:*** *Hlavním cílem této studie je podat sociální a demografickou charakteristiku osob starších 50 let, kteří v Portugalsku podstupují léčbu v místním centru léčby drogových závislostí (CRIA), a současně popsat jejich uživatelský a klinický profil.* ***METODY:*** *Účastníci studie byli vybráni z aktuálního seznamu osob využívajících služby CRIA s datem narození před rokem 1963. Data byla získávána ze stávající databáze Multidisciplinárního informačního systému a byla analyzována prostřednictvím programu Statistical Package for the Social Sciences (SPSS) – Verze 20.* ***SOUBOR:*** *Ze 102 aktivních pacientů v této věkové skupině splňovalo nezbytné podmínky pro účast ve studii 71 jedinců.* ***VÝSLEDKY:*** *Bylo zjištěno, že mezi staršími uživateli převládají rozvedení, svobodní nebo ovdovělí muži s nízkou kvalifikací. Nejčastější primární drogou byl heroin, ale běžné bylo také polyvalentní užívání návykových látek. S konzumací drog začali v raném věku. Procento lidí, kteří užívali hlavní sledované drogy v současnosti, bylo velmi nízké a nízká byla také míra jejich rizikového chování spojeného s injekčním užíváním drog.* ***ZÁVĚR:*** *Rostoucí velikost této skupiny obyvatel a její poptávka po léčebné péči jsou realitou, která by měla podnítit další výzkum této problematiky.*

KLÍČOVÁ SLOVA: STARŠÍ DOSPĚLÍ – STARŠÍ LIDÉ – PORUCHY Z UŽÍVÁNÍ PSYCHOAKTIVNÍCH LÁTEK – ZÁVISLOSTNÍ CHOVÁNÍ – NELEGÁLNÍ DROGY

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ORIGINAL ARTICLE

Characterisation of Older Adults and the Elderly with Substance Dependence

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BACKGROUND: The continual aging of the general population brings new challenges, such as an increase in the size of the older groups of the population with substance use disorders. This group has been increasing in size and is expected to continue to do so until at least 2020. AIMS: The main goal of this study is to characterise the people over 50 undergoing treatment at a local drug treatment centre (CRIA) in Portugal both socially and demographically, describing their consumption and clinical profile. METHODS: The participants were selected from a current list of people born before 1963 and using CRIA's services. The data was collected from the existing database file in the Multidisciplinary Informatics System and was analysed with the support of the *Statistical Package for the Social Sciences* program, Version 20. SAMPLE: Of the 102 active patients in this age group, 71 met the necessary conditions for participating in the study. RESULTS: The older consumers were mainly men, unmarried and with few educational qualifications. The main drug found was heroin, polydrug use was common, consumption frequently started early in life, and the percentage of people currently consuming major drugs was very low and so were the levels of high-risk injecting behaviours. CONCLUSIONS: The increase in the size of this age group and the demand for treatment services are a reality which should prompt further research into this problem.

KEY WORDS: OLDER ADULTS – OLDER PEOPLE – SUBSTANCE USE DISORDERS – ADDICTIVE BEHAVIOURS – ILLICIT DRUGS

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1 INTRODUCTION

The European population is growing and its age group structure is shifting as people become increasingly older. This phenomenon is forecast to continue in the coming decades as the baby-boom generation grows old (EU, 2011). Besides their increased number, this generation was more exposed to the consumption of illicit drugs than previous ones, contributing to the increase in the numbers of older people with addiction behaviours and dependencies (Colliver, Compton, Gfroerer, & Condon, 2006). In addition, the increasing involvement of the judicial system has directed more users to treatment services (Bevan, 2009); access to treatment itself has been improving and harm reduction services allow consumers to increase their life expectancy. Together, these factors have also contributed to an increase in the size of this population group (EMCDDA, 2010). As a result, several authors have shown their concern by performing projections for the population that uses psychoactive substances in the USA and who, in 2020, will be aged 50 years or over (e.g. Bevan, 2009; Han, Gfroerer, Colliver, & Penne, 2009; Gfroerer, Penne, Pemberton, & Folsom, 2003). Such projections show that the need for treatment will increase from 1.7 million (2000-2001) to 4.4 million (2020) (Gfroerer *et al*., 2003). Nevertheless, this phenomenon is greatly underexplored (Beynon, 2009), given that few users are recognised as having a problem associated with substances (Rivers *et al.*, 2004). This may arise from the facts that older people do not report their consumption and that health professionals are not equipped with the technical skills to identify them (Pillon, Cardoso, Pereira, & Mello, 2010), the existing diagnostic criteria are not suited to older people (Patterson & Jeste, 1999), and the problems arising from drug abuse may be mistaken for other expectable difficulties in this age group (Gossop & Moos, 2008).

Older drug users exhibit an acceleration of medical comorbidities (Lofwall, Schuster, & Stein, 2008) or an exacerbation of the aging process (Beynon, Roe, Duffy, & Pickering, 2009); a drug user is at greater risk of dying than someone from the general population and older consumers are at greater risk than younger ones (Crome, Sidhu, & Crome, 2009); the literature considers an 'older addict' to be between 35 and 50 years old (EMCDDA, 2010). This definition is not universally considered valid, however; several studies consider age 50 as the cut-off point (e.g. Lofwall *et al.*, 2008; Schlaerth, Splawn, Ong, & Smith, 2004; Lofwall, Brooner, Bigelow, Kindbom, & Strain, 2005; Rosen, Hunsaker, Albert, Cornelius, & Reynolds, 2011).

Attention needs to be paid to this group of the population as, apart from its growing size, it exhibits characteristics that make it more vulnerable. Notably, its members have more physical and mental problems than younger consumers or people who do not use drugs (EMCDDA, 2010). Finally, because of the physiological changes that accompany the aging process, consumption in this age group may have more risks associated with it in comparison to younger consumers (Dowling, Weiss, & Condon, 2008).

The increase in the size of this population group, its specific needs, and the lack of awareness surrounding the phenomenon make it necessary to seek a better understanding of this age group. Characterisations such as this may provide a useful starting point for raising awareness and knowledge of this phenomenon. To the best of our knowledge, this is the first study of its type in Portugal. In this respect, the work here seeks to characterise those people aged 50 or over who currently use the services of CRIA (the local drug treatment centre in Aveiro, Portugal) by studying their sociodemographic patterns and their consumption habits.

2 METHOD

This study covers the sociodemographic characterisation (demographical data, family history regarding the use of psychoactive substances, and criminal records) and consumption habits (alcohol, illicit drugs, risk behaviours, and treatments undertaken) of those people aged 50 or over who currently use the services of or attend clinics at CRIA. This data was collected from the existing database file in the Multidisciplinary Informatics System. On 31st May 2014, CRIA had 728 people registered, out of whom 102 (14.01%) were aged 50 or over. The participants were selected from a list of the current clients of CRIA (with scheduled appointments in the last 12 months) who were born before 1963, thus selecting all users aged 50 or over in December 2013. In November 2013 there were 131 active users that fulfilled the inclusion criteria. In April 2014 the list was updated and reduced to 102 eligible users: 13 had completed their treatment or would do so by May (the end of the sample collection), five did not belong to CRIA, four were transferred to other centres, four were referred to other services (two to an Alcoholism Unit and two to a Therapeutic Community), and three were medically discharged. Out of those 102, 21 dropped out of the consultation programme (despite being "active", they did not show up in the service in 2014), seven were in prison, two were away at sea, and one was a family member of a user receiving psychological support. Therefore, these 31 users did not have up-to-date information and did not fulfil the conditions for taking part in the study. From the remaining 71 eligible users, 40 had updated data for the previous year (56.34%), 14 had data obtained between 2009 and 2012 (19.72%), and 17 had data automatically migrated by the current information system (23.94%) (because of a change in the system). All the data which had not been updated during the previous year (2013 or 2014) was verified in a meeting with the target user's therapeutic team and, regardless of the date of the last file update, the

data referring to current consumption was thoroughly revised by the reference therapist in order to ensure its reliability. The remaining 71 users took part in the social and demographic characterisation and the study portraying consumption habits.

The data collected was then analysed to provide the descriptive statistics. The statistical analysis was carried out with the support of the *Statistical Package for the Social Sciences* program, Version 20. This study obtained the approval of the Ethics Commission of the Regional Health Administration.

3 RESULTS

3 / 1 Sociodemographic characterisation

From the 71 users eligible for the study, 29 (40.80%) voluntarily sought help from CRIA, 14 (19.70%) were referred by family/friends, and eight (11.30%) were enrolled by the General Directorate of Reintegration and Prison Services. There were two referrals made by the family doctor/primary healthcare provider (2.80%). The dates of the first treatment for the users ranged between 1981 and 2012 (Average = 1997.2), and 84.50% received their first treatment before 2004.

The social demographic data shows that the average age of the sample was 53.31 years (*SD* = 3.39), with ages ranging between 50 and 68 years. Some 63 users (88.70%) were male and 66 (93%) were born in Portugal. The marital status showed that 45 (63.40%) were not married (separated/divorced, single, or widowed). There were 24 users (33.80%) that had completed the sixth grade of elementary school (ISCED-1). The users had between no children and four, an average of 1.28 (*SD* = 0.97). Only four users (5.60%) had HIV. Regarding treatment, 29 users (40.80%) were in a drug-free programme, 22 (31%) were undergoing Methadone Maintenance Treatment (MMT), and 20 (28.20%) were receiving Buprenorphine Maintenance Treatment (BMT).

As for their occupational status, 36 (50.70%) were unemployed or retired and 25 (35.20%) had a stable/regular job. There were 36 (50.70%) users who financed their habit through their current income, while some were unemployed at the time of the study, but still living on the income from their previous jobs. There were 19 users (26.80%) who benefited from Insertion allowance or from other temporary benefits (*Table 1*). The number of people living with the users varied between zero and five; more precisely, 24 users (33.80%) lived alone and on average there were another 1.24 people (*SD* = 1.28) besides the user in the household. Some 59 (83.10%) lived in traditional households.

The police records showed nine users (12.70%) who currently or previously had a file in the Commission for the Dissuasion of Drug Addiction. From the total sample, 43 users (60.60%) had some sort of criminal record, 29 (40.80%) had been detained at some point in their lives, and 23 (32.30%) had been arrested at least once. In total, 20 users (28.20%) from the sample had been accused of drug traffick-

Table 1 / Tabulka 1
Sociodemographic and clinical information
Sociodemografické a klinické informace

		No. (%)
Sex	Female	8 (11.30%)
	Male	63 (88.70%)
	Total	71 (100%)
Nationality	Portuguese	66 (93%)
	Mozambican	2 (2.80%)
	Angolan	2 (2.80%)
	Guinean	1 (1.40%)
	Total	71 (100%)
Marital status	Married/Together	26 (36.60%)
	Separated/divorced	23 (32.40%)
	Single	21 (29.60%)
	Widowed	1 (1.40%)
	Total	71 (100%)
Educational Qualifications	Elementary school (until 4th grade)	17 (23.90%)
	Elementary school (until 6th grade)	24 (33.80%)
	Elementary school (until 9th grade)	21 (29.60%)
	Secondary school	7 (9.90%)
	University	2 (2.80%)
	Total	71 (100%)
Number of children	0	16 (22.50%)
	1–2	47 (66.20%)
	3–4	8 (11.30%)
	Total	71 (100%)
HIV	Yes	4 (5.60%)
	No	67 (94.40%)
	Total	71 (100%)
Occupational status	Unemployed	27 (38%)
	Student/Professional training	1 (1.40%)
	Retired /Old age pensioner	1 (1.40%)
	Retired /Disability pension	8 (11.30%)
	Stable/Regular work	25 (35.20%)
	Occasional work	9 (12.70%)
	Total	71 (100%)
Sources of income	Dependent on the family	7 (9.90%)
	Retirement	9 (12.70%)
	Income from work	36 (50.70%)
	Insertion allowance	13 (18.30%)
	Other temporary benefits	6 (8.50%)
	Total	71 (100%)
Types of treatment	MMT	22 (31%)
	BMT	20 (28.20%)
	Drug-free programme	29 (40.80%)
	Total	71 (100%)

Table 2 / **Tabulka 2**
Types of sentence
Typy trestu

Sentence	N (%)
None (with no prior record)	27 (38 %)
Traffic/Possession of Drugs	20 (28.20 %)
Theft/Robbery	7 (9.90 %)
Aggression/Abuse	5 (7 %)
Other	5 (7 %)
Unknown	4 (5.60 %)
Driving Under Influence	3 (4.20 %)
Total	71 (100 %)

Table 3 / **Tabulka 3**
Main drug
Primární droga

Main Drug	N (%)
Heroine	58 (81.70%)
Alcohol	6 (8.50%)
Crack/Cocaine base	2 (2.80%)
Cannabis	2 (2.80%)
Buprenorphine	1 (1.40%)
Benzodiazepines	1 (1.40%)
Methadone	1 (1.40%)
Total	71 (100%)

ing/possession and seven (9.90%) accused of theft/robbery (*Table 2*).

3 / 2 Consumption habits

The family history of consumption revealed that the majority of their parents (83.10% of their fathers and 93% of their mothers) had never used any kind of substance "at any point in their lives", and neither had their partners (31%). Their consumption habits showed that the users had experimented throughout their lives with somewhere between one and eight substances, having on average tried 3.69 different substances (*SD* = 1.66). The majority of the users had tried either three or four substances (21 users (29.60%) and 17 users (23.90%) respectively). Out of these substances the most common was heroin (93%), followed by cannabis (81.70%), cocaine (46.50%), and crack/cocaine base (39.40%) (see Figure 1).

In 58 cases (81.70%) the main drug was heroin, followed by alcohol in six cases (8.50%) (*Table 3*). The age at which the users had tried their main drug for the first time varied between 11 and 60 years (*Average* = 25.11), and in 81.40% of the sample, the drug was first consumed before the age of 30. In the case of alcohol, the age varied between 11 and 20 (*Average* = 16.33) and in the case of heroin, between 13 and 43 years (*Average* = 24.35). The regular consumption of the main drug started between 15 and 60 years of age (*Average* = 29.47). Specifically, when the main drug was heroin, the age varied between 16 and 46 years (*Average* = 28.27) and with alcohol between 20 and 43 years (*Av-*

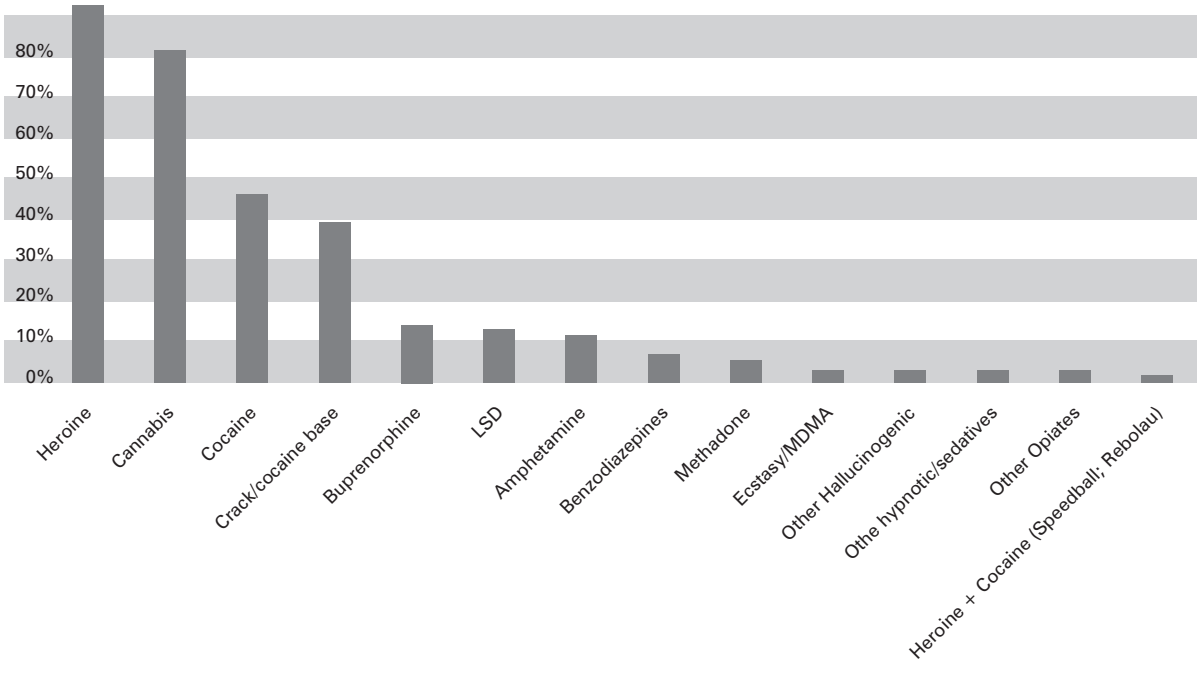

Figure 1 / **Obrázek 1**
Types of substances consumed at any point in life
Typy návykových látek užitých alespoň jednou v životě

Table 4 / Tabulka 4
Consumption (last 12 months)
Užívání návykových látek (v posledních 12 měsících)

	N (%)		
	Cannabis	**Heroine**	**Cocaine**
Abstinent	57 (80.30%)	65 (91.50%)	57 (80.30%)
Occasional	1 (1.40%)	2 (2.80%)	5 (7%)
Regular	10 (14.10%)	4 (5.60%)	6 (8.50%)
Daily	3 (4.20%)	0 (0%)	3 (4.20%)
Total	71 (100%)	71 (100%)	71 (100%)
Alcohol Related Problems			
Yes	13 (18.30%)		
No	58 (81.70%)		
Total	71 (100%)		

erage = 27.67). 24 users (33.80%) had or had had Alcohol-Related Problems (ARP) throughout their lives.

Injecting Drug Use (IDU), carried out by 33 users (46.50%), began between 13 and 44 years of age, with the average age being 28.84 (*SD* = 8.24). Of the 33 that engaged in IDU, four (12.12%) had shared needles at some stage in their lives, 25 (75.75%) had never shared needles, and in four cases (12.12%) it was not possible to obtain that information. There were 14 users (19.70%) who had shared drug paraphernalia at some point in their lives. All the users with an IDU history had stopped for more than a year.

At the time of the study, 57 users (80.30%) were abstaining from cannabis, 65 (91.50%) from heroin, and 57 (80.30%) from cocaine; in the case of alcohol, 13 users (18.30%) were recorded as having ARP (*Table 4*).

4 DISCUSSION

The goal of this work was to characterise the active users of CRIA's services aged 50 or over in terms of their sociodemographic patterns and their consumption habits.

We were able to verify that 40.30% of the users had volunteered for treatment and that referral by other health institutions or by the primary healthcare system represented only 9.80%. This result is in accordance with a study performed in a hospital where the majority of the older consumers go undetected and an even smaller number are referred to appropriate treatment services (Mcinnes & Powell, 1994). Most users underwent their first treatment before 2004, which might suggest that the consumers in treatment represent people who overcame their problem when younger but still need treatment as they grow older (Simoni-Wastila & Yang, 2006).

There was a high prevalence of males (88.70%), similarly to other studies of this population group (Pillon *et al.*, 2010; Roibás, Melendro, & Montes, 2010), and most were not married (63.40%), a very close result to the sample of Roibás *et al.* (2010). The majority of the sample (87.30%) had educational qualifications below or up to the ninth grade (ISCED-2), with only a few having a university education (2.80%), which is also in line with Pillon *et al.* (2010) and Roibás *et al.* (2010). Therefore, the users are mainly unmarried men with few educational qualifications. This data, despite being drawn from a sample linked to treatment services, also reflects representative data from the USA (Han *et al.*, 2009). Labour disengagement, also found in other studies (Pillon *et al.*, 2010; Roibás *et al.*, 2010), characterises 50.70% of this sample; it should be noted at this point that older consumers, in particular those whose main drug is heroin (as is the case in the current sample) frequently suffer from unemployment and economic inactivity (EMCDDA, 2010). Contrary to other results (EMCDDA, 2010; Roibás *et al.*, 2010), in the present sample only 33.80% lived alone; the majority (83.10%) lived in a traditional household. Police records for this age group show that involvement with the Commission for the Dissuasion of Drug Addiction does not appear to be common. Nevertheless, a minority were involved, or had been, at some point in their life, in a lawsuit in which this commission also featured (12.70%). The majority of the sample had some kind of criminal history (60.60%), while 32.30% of the users had already been arrested and 28.20% had been sentenced in connection with drug dealing/possession. In most cases, there was no history of substance use by the parents or the person who had formed the last meaningful affective relationship with them. As verified by Roibás *et al.* (2010), polydrug use is common – only 8.50% of the sample had consumed only one substance, while 53.50% had consumed between three and four substances during their lives. In this study, the main drug was clearly heroin (87.70%), a result that is also seen in the studies that focus exclusively on il-

licit drugs (EMCDDA, 2010). While 33.80% of the sample declared that they had had at least one ARP during the course of their life, only 8.50% identified alcohol as their main drug. Alcohol has traditionally been the most common psychoactive substance in treatment facilities (Diniz *et al.*, 2015). However, the treatment facility under analysis has not been able to cope with the new cases that only suffer from ARP. This is due to a current lack of medical resources, meaning that users suffering specifically from this problem are referred to other specialised options. Therefore, the data regarding the main drug should be analysed with some caution. It is worth noting that 81.40% of the sample consumed their current main drug for the first time before reaching 30 years of age. Another study also found that a high percentage (89.90%) of the sample began consumption before the age of 30 (Han *et al*., 2009), pointing to an early onset of consumption in this population. Alcohol, as the main drug, was first tried earlier than heroin; nevertheless, regular consumption only started at more similar ages. Almost half of the sample (46.50%) had engaged in IDU – in fact, baby boomers have the greatest prevalence of drug injecting ever (Armstrong, 2007). However, only a minority (12.12%) had shared needles at any point in their lives. It is important to underline the fact that all the users that had consumed intravenously had at the time stopped for more than a year. This is in accordance with the results obtained by Horyniak *et al.* (2013), attesting that aging can be associated with lower levels of high-risk injecting behaviours. Finally, the data on consumption showed that during the last year the majority of the users had stopped their consumption of heroin (91.50%), cocaine (80.30%), and cannabis (80.30%); as for those remaining, only 4.20% consumed cannabis daily, with the same happening for cocaine. Similarly, the percentage of ARP cases in the last year was 18.30%. It should be noted that this data was confirmed with the therapists responsible and supported by regular testing of metabolites, and did not rely solely on self-reporting. This data is in accordance with the EMCDDA (2010), indicating that older people respond better to treatment. It is also important to note that in this study this age group represents 14.01% of active users, a higher percentage than that found in 2010 in Sao Paulo (Pillon *et al.*, 2010) and in Madrid (Roibás *et al.*, 2010), which also reveals the size of this problem in Europe.

5 CONCLUSIONS

Despite the history of consumption and the specific vulnerabilities of this age group, most of those sampled had stabilised their use of the main addictive substances and none displayed risk behaviours. In addition, the literature shows that older drug users in treatment have better social conditions than those not attending treatment (EMCDDA, 2010), a fact seen in the present study through the number of users that cohabit with someone or are part of a traditional household. It is relevant to note that these results relate to a population linked to treatment services and cannot be generalised to those segments of the older population that consume drugs and do not undergo treatment.

Bearing in mind the importance of this group in the treatment services, the lack of awareness of the phenomenon (as mentioned in the literature), and the lack of referral by the primary health services, it is necessary to learn more about this problem. Awareness and knowledge need to be improved among both professionals and the public and suitable diagnostic methods are required for this segment of the population (Patterson & Jeste, 1999) in order to help ensure that health professionals do not allow this group to become marginalised (Crome *et al.*, 2009)

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