

COMMENTARY

Drug use and ageing: older people do take drugs!

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Abstract

While usually perceived as behaviour of the young, use of illicit drugs by people aged 50 and over is increasing in Europe and the USA. This increase largely reflects the ageing of general populations, and people who use drugs continuing to do so as they age. For those people dependent upon drugs [usually users of opiates (heroin) and stimulants (cocaine, crack cocaine and amphetamine)], the last 30 years has seen the advent of effective treatment and harm minimisation initiatives and, coupled with general advances in medicine, has increased the life expectancy of these drug users. Drug use by older people presents unique problems; biological systems and processes alter naturally across the life course and the effect of concurrent drug use on some of these systems is not well understood. The natural progression of certain diseases means that symptoms only manifest in older age and the lives of older drug users are likely to be characterised by considerable levels of morbidity. Further work is needed on the epidemiology of drug use by older people—a group of people who currently represent a hidden and vulnerable population.

Key words: ageing, substance-related disorders, population growth, elderly

Substance abuse, defined here as the abuse of drugs and/or alcohol, is generally perceived as behaviour of the young, but evidence shows that abuse among older adults occurs and is increasing [1–4]. Estimates from Europe suggest that the number of people aged 65 and over with a substance abuse problem or needing treatment for an abuse disorder will more than double between 2001 and 2020 [3], while projections from the United States of America (USA) intimate that the number of adults aged 50 and over in need of substance abuse treatment will increase from 1.7 million in 2000 to 4.4 million in 2020 [4]. The trends described above largely reflect the fact that the general populations of these countries are ageing, and in particular reflect ageing of the baby-boom population—those born between 1946 and 1964. In 1900, the global population was estimated to have only 1% of people aged 65 years and over. By 2000 this figure was 7%, and by 2050, the estimated proportion will be 20% [5]. As the general population ages, those who continue to abuse substances, age also.

While alcohol use among older adults is documented, use of illicit drugs is largely unrecognised but increasing. Using data from Cheshire and Merseyside, the only large geographical area of the United Kingdom (UK) to collect prevalence-based drug treatment data since 1998, and thus the area best able to monitor trends in the age of drug treat-

ment clients, Beynon *et al.* demonstrated a significant increase in the proportion of drug users aged 50 and over in contact with specialist drug treatment services; the proportion of people aged 50 and over increased between 1998 and 2004/2005 from 1.5 to 3.6% and 1.9 to 3.2% for men and women, respectively [1]. The authors identified a similar trend among those in contact with agencies that provide clean injecting equipment to drug users (syringe exchange schemes) with the median age of injectors in contact with such services increasing by almost 8 years over a 13-year period from 27.0 in 1992 to 34.9 in 2004. The UK's drug treatment services and syringe exchange schemes typically cater for drug-dependent people who are usually users of opiates (mainly heroin) or stimulants (cocaine, crack cocaine and amphetamine) or who inject drugs. The advent of effective treatment and harm minimisation initiatives for these drug-dependent individuals in the past 30 years or so, in addition to general advances in medicine, has increased the average life expectancy of a drug user, and the trends described here demonstrate their survival into older age. Outside the UK, the European Monitoring Centre for Drugs and Drug Addiction has highlighted ageing populations of opiate users in a number of European countries [6].

Accurate figures for the prevalence of illicit drug use in general populations are difficult to identify due to the covert

nature of the activity. However, in Great Britain, changes in the age of people taking illicit substances are monitored through the British Crime Survey (BCS). Against a backdrop of significant falls in the rate of last-year prevalence for the use of any illicit drug for the youngest age groups (16–19, 20–24 and 25–29 years) between 1998 and 2006/2007, the BCS shows that illicit drug use among those aged 30–59 years has remained relatively stable and that the proportion of people aged between 55 and 59 years using illicit substances actually increased slightly [7]. No information on illicit drug use among people aged over 60 is available from the BCS because it does not collect this information due to the perceived ‘very low prevalence rates for use of prohibited drugs’ among people aged 60 and over [8], reflecting the prevalent attitude that older people do not use drugs.

Historically, global populations have not witnessed a large number of older illicit drug users and this has resulted in a perception that older people do not use these substances. However, cross-sectional studies fail to account for period and cohort effects and the likelihood that older people in the past did not use drugs because they did not use them when they were younger. Older people of today are using drugs because they did so when younger, and have done little to change their consumption as they have aged [4]. This premise is reflected by a quotation given in an interview with a UK newspaper by the author William Donaldson who was 69 at the time of the interview and an occasional user of crack cocaine: ‘What is a typical 65-year-old—Mick Jagger or Geoffrey Howe? Do you think everyone who took drugs in the 1960s suddenly stopped? People don’t change. What you did at 25 you do at 65. At what point do you suddenly change? The heavy users in the 1960s are old men now—they won’t have given up’ [9].

Whether there exists a second group of older users of illicit drugs—those who were abstemious when young but who commenced use in later life—remains unknown, because the lack of awareness of drug use among older populations has largely precluded any investigation of this issue.

Irrespective of the age when drug use commenced, population-level evidence from the USA shows that, in 2000/2001, 26% of people aged 50–69 had used some drug in their lifetime (including both illicit drugs and prescribed drugs used non-medically). Modelled projections suggest that for those aged 50–69 in 2020, the lifetime prevalence of drug use will increase to 56% [4]. If even a small proportion of these people have continued to use drugs as they have aged, the USA will experience a large number of older drug users.

Ageing users of illicit drugs present unique problems [10]. The brain changes in a variety of ways across the lifespan, for example, through alterations to the dopaminergic, serotonergic and glutamatergic systems. Illicit drugs act upon these neurotransmission systems, and how these changes alter drug–brain interactions and what implications these changes have for older drug users is not yet clear. In addition, chronic use of some drugs may exacerbate changes normally associated with ageing; people dependent upon on cocaine, for example, exhibit an increased number of age-related white matter

(brain) lesions, which in turn are thought to be associated with cognitive abnormalities. Pharmacokinetics—the process by which a substance is absorbed, distributed, metabolised and eliminated from the body—also changes with age. Reductions in lean body mass and total body water content, coupled with reduced drug elimination by the kidneys, may increase elevated drug serum levels, and even moderate use of drugs may have significant effects [10]. Long-term drug use further increases the risk of certain morbidities already prevalent in older age such as myocardial, pulmonary and cerebral infarctions, which are associated with cocaine use. The natural progression of other diseases, for example, cirrhosis and other liver diseases (associated with hepatitis C infection contracted through the sharing of contaminated drug injecting equipment and/or excessive alcohol use), means that symptoms tend to only manifest in drug users of older age [11]. Concurrent ageing and drug use therefore create a discrete set of unique and, as of yet, not fully understood problems for older people [10]. Furthermore, tools that are used to screen for drug use have not been validated for use in older populations. The DSM (Diagnostic and Statistical Manual of Mental Disorders) IV for substance abuse, for example, was developed and validated in young and middle-aged populations and some criteria, such as a reduction in activity, may not be appropriate for older people whose levels of activity often naturally decline as they age [4, 10, 12].

In response, age-appropriate screening and diagnostic tools must be developed and treatment programmes accustomed to dealing with young drug users must adapt to meet the needs of their older counterparts [3]. Further research is needed on the epidemiological and treatment aspects of drug use in older people, and in particular, we need to understand the reasons for use because these may vary greatly from the reasons for drug use among younger people. In order to successfully address drug use by older people, we must primarily acknowledge that such use has no age limits.

Key points

- Substance abuse (abuse of drugs and/or alcohol) among older adults is increasing; European estimates suggest the number of people aged 65 and over with substance abuse problems or requiring treatment for substance abuse disorders will more than double between 2001 and 2020. Projections from the USA estimate that the number of people aged over 50 needing treatment will increase to 4.4 million by 2020.
- The use of illicit drugs by older adults is largely unacknowledged but will increase as the general population of many developed countries ages, and drug users continue to use drugs.
- Concurrent ageing and the use of illicit drugs present unique problems for older people, particularly in terms of the chronic effects of drug use on ageing brains and bodies.

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- In order to successfully address drug use by older people, we must first acknowledge that such use has no age limits.
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Conflicts of interest

The author declares that she has no conflict of interest.

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Received 16 June 2008; accepted in revised form 10 September 2008