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# Senior Drug Dependents and CARE Structures

## Recommendations at the EU-level for Services and Responses

Working Group of the Senior Drug Dependents and Care Structure Project



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### **Recommendations at the EU-level for Services and Responses**

The EU Drugs Action Plan for 2009-2012 (2008/C 326/09) states in its introduction: “Illicit drugs are a major concern for the citizens of Europe, a major threat to the security and health of European society and a threat to living conditions worldwide”.

It says further: “Clearly the EU needs to do more to reduce the impact of health, social, developmental, and economic problems caused by drug use. If millions of Europeans have at some stage taken drugs or are doing so right now, there is a gap between public policy and public behaviour that no society can afford to ignore”. Senior problem drug users which keep on taking illicit drugs being at the age of 50, 60 and 70 years are living subjects and do proof that there is such a gap. With the SDDCARE-project we accumulated evidence that the gap is widening in the years to come as a consequence of an increasing number of older users of illicit (and licit) psychoactive drugs and of improved harm reduction measures.

EU Drugs Action Plan concludes: “It is time to put the people of Europe at the centre of drug policy and to get Europe’s citizens more involved”.

We fully agree with the statements of the EU Drugs Action Plan (2009-2012) cited above. We underline that the statements apply to all citizens of the EU, regardless of sex, **age**, racial or ethnic origin, religion and belief, disability, and sexual orientation.

Even so, one has to admit that addiction is a highly stigmatised condition in all EU countries. Strong moral disapproval of drug use can lead to discrimination against those with an addiction, possibly resulting in violations of their human rights. Senior problem drug users run an especially high risk to be victims of discrimination and to be excluded from important services as well as social activities and employment. It is therefore necessary to improve the coverage, quality and effectiveness of prevention, treatment services and harm reduction and to enhance the effectiveness of drug treatment and rehabilitation by improving the availability, accessibility and quality of services (EU Drugs action plan 2009–12, cf. Objective 7). The EU calls on Member States to deliver existing-, and develop innovative rehabilitation and social reintegration programs that address, besides others, the needs of older problem drug users.

Actions planned for senior drug users and drug dependents should consider the following ethical values:

- Autonomy – the right for self-determination;
- Dignity - the right to be treated with respect at all time;
- Liberty - the right to make informed choices and act according to his or her own will, while recognising the rights of other people;
- Privacy – the right to be free from unnecessary intrusion and to control the flow of person-related information;
- Safety – the right to feel safe and secure, including housing, property, health and wellbeing;
- Equality – the right to have equal access to services regardless of age and to be treated equally and live in an environment which is free from bullying, harassment and discrimination.

These ethical values connect human rights to the wider-community interests, and may be used to establish a balance between the individual's rights and the public good.

In line with the EU Drugs Action Plan, we recommend the following:

- Epidemiological and treatment statistics analysed in the course of this project show convincingly that the absolute number and the percentage of middle-aged (35-49 years) and older (50+ years) problem drug users/dependents (consumers of illicit opiates - such as heroin - and licit opioids alone or in combination with other psychoactive substances) increased remarkably between 2000 and 2006 and is still increasing. Middle-aged and older problem drug users/dependents are a new group of clients which need to be addressed by special attention of experts in the drug treatment field.
- We were also able to show that the living and health situation of problem drug user/dependents vary remarkably between countries. Therefore, the needs of senior problem drug users/dependents vary between countries as well.
- EU-recommendations should be aware of the differences between countries regarding the living and health situation of senior drug users/dependents.

- Qualitative interviews with senior (former or current) problem drug users/dependents shall help experts and policy makers to better understand their needs. We therefore recommend the inclusion of senior problem drug users/dependents and representatives of self-help groups in expert committees at the national level when planning for new and innovative services for this group of clients, especially when it comes to design of living quarters for senior problem drug users/dependents who have serious health problems or are impaired and can no longer live in their own flat or room.
- In all involved countries which we found out that senior problem drug users/dependents face barriers when asking for non-residential or residential treatment and rehabilitation. In most countries the barriers are structural and related to the structure of the welfare state of the countries (most often: financial barriers). They are not easy to overcome. We recommend setting up expert groups which work out ways and means to overcome the structural barriers which prevent non-residential and residential treatment of problem drug users/dependents in their 50ies, 60ies or 70ies.
- We recommend the co-treatment of psychoactive drug use problems and other mental disorders, especially depressions and anxieties of the elderly.
- We recommend improving the cooperation between the drug treatment services and the services for the elderly.
- With deteriorating health, senior problem drug users/dependents need more services for the elderly as well as care/nursing services. We therefore recommend experimenting at the national level with different settings for senior problem drug users/dependents, alone or integrated in existing settings.
- Finally, we recommend training the staff of drug treatment services on problems related to psychoactive drug use and aging (gerontology), geriatrics and on counseling techniques addressing the elderly. We recommend as well training the staff of social services for the elderly and senior care/nursing homes on the dynamics and problems related with substance misuse, substance abuse, the meaning and benefits of opiate substitution treatment (OST) of the elderly and the handling of (former or current) senior problem drug users/dependents within their settings.

Furthermore, we support the recommendations of the EU Drugs Action Plan for 2009-2012 (2008/C 326/09) regarding information, research and evaluation. There is a need to go on with research on problem drug use of opiates, cocaine and cannabis products (to name only a few illicit substances) in the aging populations in Europe.

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