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ScottishdrugsForum



Institute of Psychiatry and Neurology

Senior Drug Dependents and Care Structures:

Scotland and Glasgow Report

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Scottish Drugs Forum

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Summary

Background

This report has been commissioned by the Executive Agency for Health and Consumers (EAHC) and the Scottish Government to analyse national (Scottish) and local (Glasgow) data on senior drug users (SDU) aged 35 and over who use opiates.

The main data sources used in this report were provided by Information Services Division Scotland (ISD), Glasgow Addiction Services (GAS) and Health Protection Scotland (HPS), and cover the period 2000 to 2007.

Target Group Size

In 2003 it was estimated there were 51,582 problematic opiate and /or benzodiazepine users in Scotland. Among this number is an estimated 8,886 male problem drug users aged 35-54 years old. This figure represents 25% of the estimated total number of male problem drug users aged 15 – 54 (n=35,667). There were no corresponding figures for female problem drug users aged 35 years and over.

In Treatment

According to figures from ISD, the age profile of new clients entering treatment has been steadily increasing since 2000/01. There has been a 142% increase on the numbers of SDU aged 35 years and over accessing services - from 1,480 in 2000/01 to 3,584 in 2006/07.

In 2006/07, 29% (n=3,584/12,222) of all new clients entering treatment were aged 35 years and over compared to 14% (n=1,480/10,591) in 2000/01. Over the same period the proportion of male SDU entering treatment has risen from 15% (n=1,063/7,216) to 32% (n=2,668/8,454). The proportion of female SDU entering treatment has risen from 12% (n=417/3,375) to 24% (n=916/3,768).

Mortality Rates

The age profile of those whose death is attributed to drug abuse is rising, with the median age at death increasing from 28 years in 1996 to 34 years in 2007. In addition, the proportion of SDU drug deaths has risen from 25% (n=56/220) of the total number of deaths in 2000 to 43% (n=130/299) in 2007.

Injecting Behaviour

Although the numbers of SDU reporting injecting use have increased, reflecting the increasing numbers of individuals accessing treatment services, the gap between those who have injected in the previous month and those who have never injected has widened since 2003/04 with a larger number of SDU reportedly having never injected.

Blood Borne Viruses

There are an estimated 50,000 individuals in Scotland infected with hepatitis C. It is estimated that 90% of individuals contracted the virus through injecting drug use. Figures from Health Protection Scotland (HPS) show that a total of 23,686 cases of hepatitis C antibody-positivity (HCV+) have been diagnosed between 1991 and 2007. At the time of diagnosis, 37% (8,738) were over 35 years of age, suggesting an estimated 7,864 may have contracted the virus through injecting drug use.

HPS data to 2007 shows that among the 3,009 SDU who are alive, known to have injected and reported to be HCV+, 88% (2,660) are 40 years of age and older.

In Scotland, HIV infections among injecting drug users amount to 595 cases (up to March 31st 2008). Those aged 35 years and older account for 93% of all cases.

Social Background

The unemployment rate for male and female SDU in treatment has remained relatively consistent over the period under study at an average of 84% for both sexes. This figure is in contrast to the current national unemployment rate of 4.9%.

Across the seven year period under study, the majority of SDU accessing services reported that they were accommodated. Between 11% and 15% reported that they were homeless, and less than 5% reported living in supported accommodation or in a residential rehabilitation service.

Data provided by the 10th Annual Scottish Prison Service survey (2007) states that of the 1,216 participants aged 35 and over who took part in the survey, 45% had used illegal drugs before entering prison. Of these, 65% had used heroin, 59% had used cocaine, and 20% had used illicit methadone.

Three quarters of SDU prisoners who reported using drugs stated that they would accept help both on the outside and inside prison. A significant minority stated they were 'worried' their drug taking would be a problem when they were released from prison.

Physical and mental health

Between 2000 and 2007, there has been an 87% increase in the numbers of SDU discharged from acute hospitals with a drug-related diagnosis - from 972 to 1,816. The proportion of SDU discharged from acute hospitals with a drug related diagnosis has risen annually from 27% (n=1241/4553) in 2002/03 to 39% (n=1,816/4620) in 2006/07.

The numbers of SDU discharged from acute hospitals with an opiate-related diagnosis have risen 168% - from 463 in 2000/01 to 1,239 in 2006/07. Between 2002/3 and 2006/7 the proportion of SDU has risen from 29% (n=668/2330) to 42% (n=1239/2957) of all opiate users discharged from acute hospitals in Scotland

SDU discharges from psychiatric hospitals with a drug-related diagnosis have increased 58% between 2000/01 and 2005/06 - from 384 to 608. Of the total number of drug-related discharges, the proportion of SDU has risen from 28% to 37% of the total number of psychiatric discharges.

Glasgow Data

Target Group Size

Glasgow is Scotland's largest city with a population of approximately 582,000; this figure equates to 11% of Scotland's population. The 2003 national prevalence figures, estimated there were 11,235 problem drug users in Glasgow which is equal to about 2% of the city's population, and 22% of Scotland's problem drug using population. Of those, an estimated 2,662 are males aged 35-54. This figure represents 35% of the estimated total number of Glasgow's male problem drug users aged 15 – 54 (n=7,683). There are no corresponding figures for female problem drug users.

Glasgow Addiction Services (GAS) is the main body responsible for ensuring that people with drug and alcohol problems are provided with appropriate services across the Glasgow area. GAS coordinates the delivery of all services directly provided by NHS Greater Glasgow and Clyde (NHS GGC) and City Council Addiction Services including, specialist in-patient services, partial hospitalisation services and out-patient services.

Treatment

The proportion of SDU entering treatment is larger than the national figure with 41% of all new clients entering treatment in Glasgow City aged 35 years and over.

Just under half of all GAS opiate using clients are SDU. Between 2006/07 and 2007/08, there was a 22% increase in SDU attending Glasgow Addiction Services (GAS) from 2,769 in 2006/07 – 3,374 in 2007/08. In 2007/08, 85% of GAS SDU clients were prescribed methadone.

Injecting Behaviour

Between 2000/01 and 2006/07 the numbers of Glasgow SDU entering treatment who report 'never' injecting have increased 244% - from 116 to 399 individuals. Similar to the national figures, the proportion of SDU who report having 'never' injected has risen from 25% (n=116/470) to 48% (n=399/826).

Blood Borne Viruses

Almost half of Scotland's HCV+ population, who have ever injected, live in the Glasgow area. SDU make up 28% of all persons in Glasgow reported to be HCV+.

Mortality rates

There has been a steady increase in drug related deaths (DRD) among SDU in Glasgow. The proportion of SDU deaths relative to all DRD has increased from 33% in 2000 to 56% in 2007.

Social Background

Over 90% of GAS SDU clients are unemployed, with less than one percent reported to be in some form of education or training. However the majority of Glasgow SDU are in some form of accommodation with less than 10% recorded as homeless in 2007/08.

Physical and mental health

The numbers of SDU discharged from acute hospitals in Glasgow with a drug or opiate related diagnosis have increased between 2000/01 and 2006/07. The over 40s account for half of all SDU discharges from acute hospitals.

The numbers of SDU discharged from psychiatric hospitals in Glasgow have remained relatively stable over the same period although the proportion of over 40s has increased slightly, to just over half of all SDU discharges.

1. Introduction

This report, commissioned by the Executive Agency for Health and Consumers (EAHC) and the Scottish Government re-analyses national (Scottish) and local (Glasgow) data on senior drug users (SDU) aged 35 and over.

In all European Union countries we find a growing population of SDU. The group can be characterised as polydrug users with

- a preference for opiates (intravenous use of heroin and/or oral methadone),
- long drug careers (including criminal careers),
- high rates of co morbidity (mental ill health, chronic infectious diseases and other chronic illnesses), and
- socially marginalised (high rates of unemployment, lack of social networks)

The overall aim of the project is to enhance the knowledge base regarding SDU and to contribute to the mental health and well-being of this marginalised group of drug users.

As part of a European collaboration to explore the treatment and social care needs of SDU, this report comprises one of four national and local reports; further reports provide information on SDU in Germany, Austria and Poland.¹

¹ The reports can be found at the project website - <http://www.sddcare.eu>.

2. National Report: Scotland

2. 1. Data sources

Most of the national data sources used within this report were derived from Information Services Division (ISD Scotland). ISD Scotland is an operating unit of the National Health Services Scotland and its purpose is to deliver effective specialist intelligence services to improve the health and wellbeing of people in Scotland. The main ISD data sources include the following:

- The Scottish Drug Misuse Database (SDMD) is a national information source on the misuse of drugs in Scotland. The SDMD records data on new clients seen at a broad range of services across Scotland such as medical services and specialist drug services. The dataset covers demographic information, drug prescribing, illicit drug use, injecting/sharing details, social profile, dependent children and contact with services. It also provides an annual report on new clients attending services in Scotland – a ‘new’ client is someone attending the service for (a) the first time ever or (b) it has been at least six months since they last attended the service.
- Health Protection Scotland works in partnership with others, such as ISD, to protect the Scottish public from being exposed to hazards which damage their health and to limit any impact on health when such exposures cannot be avoided. Key areas of work include blood borne infections (e.g. Hepatitis and HIV) which involve data collection and monitoring, research, and providing expertise.
- The General Register Office for Scotland (GROS) is responsible for the registration of events such as births, deaths, marriage and civil partnership. The GROS also produces annual reports on drug-related deaths in Scotland.
- National Drug Prevalence Studies: supported by the Scottish Government, a partnership group, involving academics and health protection experts, have carried out national prevalence studies to estimate the size of Scotland’s drug

problem. Using a capture-recapture method, the studies have focussed on those aged 15 - 54 years old and attempted to estimate the prevalence of opiate and/or benzodiazepine misuse and drug injecting. The study has been carried out twice (for the years 2000 and 2003) and is being repeated again with the latest study due to be completed by mid 2009.

- An additional data source used in this report is the 10th Annual Prison Survey. The Survey is undertaken in each of the 15 Scottish prisons and involves all prisoners in Scotland. The annual prison survey is a self-completion, anonymous questionnaire which is hand delivered to each prisoner on site in the prison on the day the survey takes place. It therefore provides a one-day snapshot of prisoner views in each establishment.

Limitations:

There are a number of limitations to the data collected for this national report:

- The Scottish Drug Misuse Database (SDMD) only records data on new clients entering treatment. The new client criteria include those re-attending services after six months. Therefore, some new clients may be counted more than once. For example, within the same year, some new clients may enter and leave treatment then come back after six months.
- Information for the SDMD is collected using the Substance Misuse Register (SMR) forms. The SMR form collects information on the client, including demographic, drug and injecting profiles. From 2000/01 to the present there have been a number of amendments to the SMR form. Consequently, SMR23, SMR24 and SMR25a forms are not directly comparable. The SMR23 was used in 2000/1 and the SMR24 was used from 2001/2 until 2005/6. The revised SMR25a form includes most of the information collected through the SMR24 but also includes new information, such as blood borne virus testing.

- All SDMD data reported here are based on the number of individuals on which data from specific questions is available and *not* the total number. Because the figures represent aggregate numbers and not individual cases it has not been possible to look at associations or relationships between variables.
- The prevalence data applies only to problem drug users aged between 15 and 54 and relates only to the calendar year 2003. An updated report will be available mid 2009.
- The data from the 10th Prison Survey represents aggregate numbers and not individual cases. Furthermore it has not been possible to obtain the data in five year age bands or stratified by gender. As such it is not possible to explore possible differences between male and female prisoners or across different age groups.
- Data was not available on the following variables:
 - Education
 - Income
 - Social Networks
 - Former experiences with drug services
 - Current use of other services than drug services
 - Level of debt

International Classification of Diseases 10th Revision (ICD10) Codes

Hospital and psychiatric discharge data produced for this report was collected by ISD Scotland as a series of Scottish Morbidity Records (SMR). SMR01 is an episode based patient record relating to all inpatients and day cases discharged from specialities other than mental health, maternity, neonatal and geriatric long stay specialities in the NHS Scotland. A record is generated for each inpatient and day case episode. Attendances at Accident and Emergency that do not result in an admission are not included.

Each individual patient may have more than one episode and hence the number of people discharged within a year will be less than the total number of discharges. The SMR01 basic data set encompasses patient identification and demographic information, episode management information and general clinical information.

Tables 12, 13a and 13b presented in this report are derived from the SMR01, and contain information about patients admitted to general hospitals (mainly for emergency treatment), where drugs misuse is diagnosed as a factor in the patient's treatment. Up to six diagnoses are recorded per admission, and episodes with either a main or a supplementary diagnosis of drugs misuse are included. Poisonings and overdoses are not included unless a diagnosis of drug misuse is also recorded. The following codes F11-F16 and F18-19 were used in the analysis presented in table 12, while the code F11 only was used in tables 13a and 13b.

Psychiatric hospital discharge data (see tables 14 -15) is collected using SMR04 mental health inpatient and day case returns. On the SMR04 form, up to six separate diagnoses can be recorded on discharge. A diagnosis in the first position is the main diagnosis on discharge. A diagnosis 'in any position', refers to the occurrence of a diagnosis in any of the six positions (including main and supplementary).

Figures for all admissions, re-admissions and discharges relate to the number of episodes not to the number of individual patients admitted or discharged. Each individual may have more than one episode. First admissions relate to first ever admissions to a psychiatric hospital, and therefore approximate to the number of people. It is also important to note that re-admissions will include patients who have returned for treatment after a long period of time, as well as those who have been re-admitted after a short interval.

Tables 14 and 15 presented in this report are based on diagnosis on discharge. Codes F11-F16 and F18-19 were used in the analysis presented in table 14 whilst F11 only was used in table 15.

Data Developments

The ISD are currently developing data collection systems to collect further information at set points in individuals' treatment (3 months and 12 months after referral and annually thereafter) and to collect discharge and transfer data. These developments will make it possible to track clients across time and drug services, thus ensuring an improved understanding on clients' pathways through treatment.

2. 2. Target groups' size

According to the 2003 national prevalence figures for Scotland, there are an estimated 51,582 problematic opiate and /or benzodiazepine users in Scotland (Hay et al, 2005). Among this number is an estimated 8,886 male problem drug users aged 35-54 years old. This figure represents 25% of the estimated total number of male problem drug users aged 15 – 54 (n=35,667) (Hay et al, 2005: p.24). There is currently no equivalent prevalence figure for female drug users aged 35 - 54 years old.

The number of SDU (registered as new clients) accessing treatment services in 2006/07 was 3,584. As shown in table 1, clients aged 35 years and over as a proportion of the total number of new clients (all ages) has risen from 14% (n=1,480/10,591) in 2000/01 to 29% (n=3,584/12,222) in 2006/07. This is a 142% increase on the 2000/01 figures where 1,480 individuals aged 35 and over registered as new clients in treatment.

In the latest figures for 2006/07, males accounted for 74% (n=2668) of SDU compared to females who accounted for 26% (n=916). The proportion of males to females has remained relatively stable since 2000/01.

Table 1: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD) by age group and gender; Scotland: 2000/01 - 2006/07

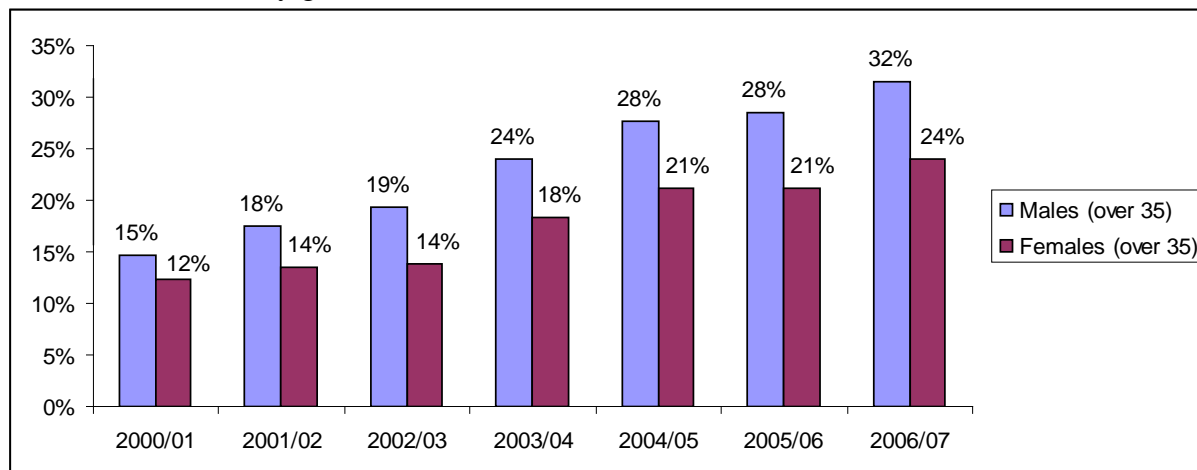
	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Total new clients (all ages)	10,591	10,798	10,311	12,657	14,322	13,791	12,222
Total new male clients (all ages)	7,216	7,864	7,790	8,707	10,075	9,372	8,454
Total new female clients (all ages)	3,375	3,821	3,926	4,525	4,923	4,419	3,768
Both Sexes (over 35 years)	1,480	1,893	2,049	2,912	3,825	3,603	3,584
35-39 yrs	947	1,215	1,303	1,706	2,092	1,941	1,780
40-44 yrs	329	443	501	712	956	995	983
45-49yrs	123	154	138	266	387	414	451
50 yrs and over	81	81	107	228	390	253	370
Males (over 35 years)	1,063	1,377	1,508	2,084	2,784	2,670	2,668
35-39 yrs	687	869	963	1,218	1,519	1,442	1,355
40-44 yrs	243	342	368	497	683	744	743
45-49yrs	81	111	101	192	289	304	304
50 yrs and over	52	55	76	177	293	180	266
Females (over 35 years)	417	516	541	828	1,041	933	916
35-39 yrs	260	346	340	488	573	499	425
40-44 yrs	86	101	133	215	273	251	240
45-49yrs	42	43	37	74	98	110	147
50 yrs and over	29	26	31	51	97	73	104

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

Source: ISD Scotland (SMR24 & SMR25a).

Figure 1 shows the proportion of SDU as a total of new clients by gender. The proportion of male SDU has risen from 15% (n=1,063/7,216) of the total number of male new clients in 2000/01 to 32% (n=2,668/8,454) in 2006/07. The proportion of females aged 35+ has risen from 12% (n=417/3,375) of the total number of female new clients in 2000/01 to 24% (n=916/3,768) in 2006/07.

Figure 1: Senior drug users¹ as proportion of total new clients reporting to the Scottish Drugs Misuse Database (SDMD)² by gender; Scotland: 2000/01 to 2006/07



In general the proportion of new clients entering treatment who are 35+ has been steadily increasing since 2000/01 although there was a small annual decrease in the aggregate numbers of SDU from 3,825 in 2004/05 to 3,584 in 2006/07 (see table 1).

2.3. Mortality Rates

Scotland's drug-related deaths have been consistently higher than those of the rest of the United Kingdom. In 2005, the number of deaths in Scotland per 100,000 population was 7.30, compared to 2.68 in England and Wales and 1.51 in Northern Ireland (Reitox National Focal Point, 2007: p.88). The latest figures published by the General Register Office for Scotland (GROS) showed that in 2007 Scotland's drug-related deaths rose to 455, 8% (n34) more than in 2006 and 103% (n231) more than in 1997 (GROS, 2008). The long-term trend appears to be rising as drug-related deaths in Scotland have increased in 8 of the last 10 years.

Of the 455 drug-related deaths in 2007, heroin and/or morphine were present in 64% of cases; methadone was involved in 25%; diazepam in 17%; cocaine in 10%; and alcohol in 35% of deaths. The majority of drug-related deaths (86%) were male and, while a third was among 25 to 34 year olds, another third were among 35 to 44 year olds. Comparing the annual average for 2003 to 2007 with the annual average for 1996 to 2000, table 2 shows male deaths have increased at a greater rate than female deaths (48% compared to 34%). Furthermore, comparing the averages for 1996-2000 and 2003-2007, there have been large

increases in the number of deaths of 35-44 year olds (from an average of 46 per year in 1996-2000 to an average of 115 in 2003-2007) and people aged 45 and over (from an average of 23 to an average of 54); the number of deaths of 25-34 year olds rose less rapidly (from an average of 108 to an average of 134) and there was a fall in the number of people aged under 25 who died (from an average of 83 to an average of 74). Table 2 also shows the increase in the ages of drug-related deaths as seen in the values of the lower, median and upper quartiles:

- the lower quartile age at death rose from 22 years in 1996 to 26 years in 2007;
- the median age at death increased from 28 years in 1996 to 34 years in 2007;
- the upper quartile age at death rose from 34 years in 1996 to 41 years in 2007.

Table 2: Drug-related deaths by sex and age, Scotland, 1996 - 2007

Year	Drug-related deaths	Sex		Under 25	Age-group			Lower quartile	Age	
		Male	Female		25 - 34	35 - 44	45 & over		Median	Upper quartile
1996-2000 average	260	207	53	83	108	46	23
1996	244	185	59	86	103	32	23	22	28	34
1997	224	179	45	76	89	31	28	23	29	35
1998	249	194	55	88	103	37	21	23	27	34
1999	291	237	54	94	118	62	17	23	28	35
2000	292	239	53	73	126	69	24	25	30	36
2001	332	267	65	80	140	69	43	25	31	38
2002	382	321	61	100	153	92	37	24	30	37
2003	317	256	61	78	123	80	36	25	31	37
2004	356	289	67	81	138	92	45	25	31	38
2005	336	259	77	48	104	126	58	28	36	41
2006	421	334	87	69	154	128	70	27	34	40
2007	455	393	62	94	149	149	63	26	34	41
2003-2007 average	377	306	71	74	134	115	54

Source: GROS 2008

Table 3 below shows the numbers and proportion of SDU whose death was categorized by the underlying cause of 'drug abuse' (described within the ICD classification as 'mental and behavioural disorders due to psychoactive substance use'). The proportion of SDU whose death was attributed to drug abuse has risen from 25% (n=56/220) of the total number of deaths in 2000 to 51% (n=155/204) in 2005 decreasing slightly to 43% (n=130/299) in 2007.

Table 3. Death by drug abuse, Scotland: 2002-2007

Year	Death by Drug Abuse (all ages)	Death By Drug Abuse aged 35+
2000	220	56 (25%)
2001	227	59 (26%)
2002	280	92 (33%)
2003	216	63 (29%)
2004	232	74 (32%)
2005	204	105 (51%)
2006	280	122 (44%)
2007	299	130 (43%)

Source: GROS 2008

Prior to 2006, the highest annual number of drug-related deaths (n=382) was recorded in Scotland in 2002 prompting the Scottish Deputy Justice Minister to order a National Investigation into all drug-related deaths in 2003 (Zador et al, 2005). Following on from the findings of the National Investigation and the publication of a report on drug-related deaths by the Association of Drug Action Teams (ADAT, 2005), a Working Group on Drug-Related Deaths from the Scottish Advisory Committee on Drug Misuse (SACDM) provided recommendations to support a reduction in future drug-related deaths in Scotland (SACDM, 2005). The Scottish Executive then launched an Action Plan, *Taking Action to Reduce Scotland's Drug-Related Deaths*, based on these recommendations (Scottish Executive, 2005).

Since the publication of this Action Plan, a range of national responses has been adopted including the "Going Over" DVD; the development of a national Critical Incidents Training post to provide overdose awareness information and training to service users, their families and significant others, and workers; and the establishment of a National Forum on Drug-Related Deaths in Scotland. A number of Alcohol and Drug Action Teams (ADAT) have established local Drug Death

Monitoring Groups with some ADAT promoting their own local overdose awareness campaigns (e.g. Christmas Overdose Awareness Campaign in Glasgow in 2006, 2007 and 2008). Further measures to reduce drug-related deaths include the piloting of two naloxone programmes in Glasgow and Lanarkshire between 2007 and 2008. Following these pilots there are now plans to roll out Naloxone provision in Lanarkshire and the wider Greater Glasgow and Clyde area.

2.4. Drug use of target group

The numbers of SDU reporting illicit opiate use as their main drug have increased from 963 in 2000/01 to 1,791 in 2006/07. However as a proportion of the total number of SDU, table 4 shows a decreasing percentage of 35 to 39 year olds and a rise in the proportion of 40 to 50 year olds across both genders reporting opiates as their main illicit drug. The proportion of over 50s reporting opiates as their main drug has remained relatively stable over the period.

Table 4. Senior drug users¹ by gender, age group reporting illicit opiate drug use as their main drug 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Both Sexes	963 (100%)	1164 (100%)	1309 (100%)	1557 (100%)	1823 (100%)	1927 (100%)	1791 (100%)
35-39 yrs	648 (67%)	801 (69%)	866 (66%)	964 (62%)	1099 (60%)	1125 (58%)	1005 (56%)
40-44 yrs	199 (21%)	248 (21%)	328 (25%)	390 (25%)	470 (26%)	529 (27%)	522 (29%)
45-49yrs	75 (8%)	78 (7%)	67 (5%)	136 (9%)	165 (9%)	182 (9%)	185 (10%)
50 yrs and over	41 (4%)	37 (3%)	48 (4%)	67 (4%)	89 (5%)	91 (5%)	79 (4%)
Males	723 (100%)	861 (100%)	980 (100%)	1153 (100%)	1356 (100%)	1481 (100%)	1364 (100%)
35-39 yrs	487 (67%)	580 (67%)	649 (66%)	703 (61%)	819 (60%)	846 (57%)	774 (57%)
40-44 yrs	155 (21%)	196 (23%)	240 (24%)	295 (26%)	352 (26%)	422 (28%)	397 (29%)
45-49yrs	53 (7%)	51 (6%)	51 (5%)	98 (8%)	119 (9%)	139 (9%)	130 (10%)
50 yrs and over	28 (4%)	34 (4%)	40 (4%)	57 (5%)	66 (5%)	74 (5%)	63 (5%)
Females	240 (100%)	303 (100%)	329 (100%)	404 (100%)	467 (100%)	446 (100%)	427 (100%)
35-39 yrs	161 (67%)	221 (73%)	217 (66%)	261 (65%)	280 (60%)	279 (63%)	231 (54%)
40-44 yrs	44 (18%)	52 (17%)	88 (27%)	95 (24%)	118 (25%)	107 (24%)	125 (29%)
45-49yrs	22 (9%)	27 (9%)	16 (5%)	38 (9%)	46 (10%)	43 (10%)	55 (13%)
50 yrs and over	13 (5%)	z (z%)	8 (2%)	10 (2%)	23 (5%)	17 (4%)	16 (4%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

Source: ISD Scotland (SMR24).

Z – Fewer than 5 individuals in this category

In terms of polydrug use including opiates, table 5 shows a similar pattern over a seven year period among the five year age bands as those clients reporting opiates

as their main illicit drug. As before, while the aggregate numbers have increased from 509 in 2000/01 to 912 in 2006/07, the proportion of 35-39 year olds reporting polydrug use has fallen from 68% (n=348) in 2001/02 to 59% (n=536) in 2006/07 whilst the proportion of 40 – 50 year olds has increased from 28% (n=146) to 37% (n=340).

Table 5: Senior drug users¹ by gender, age group reporting polydrug use² 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Both Sexes	509 (100%)	617 (100%)	736 (100%)	912 (100%)	1016 (100%)	1045 (100%)	912 (100%)
35-39 yrs	348 (68%)	427 (69%)	505 (69%)	590 (65%)	621 (61%)	657 (63%)	536 (59%)
40-44 yrs	109 (21%)	138 (22%)	179 (24%)	214 (23%)	278 (27%)	270 (26%)	255 (28%)
45-49yrs	37 (7%)	37 (6%)	31 (4%)	76 (8%)	78 (8%)	77 (7%)	85 (9%)
50 yrs and over	15 (15 (3%))	15 (2%)	21 (3%)	32 (4%)	39 (4%)	41 (4%)	36 (4%)
Males	385 (100%)	470 (100%)	563 (100%)	689 (100%)	768 (100%)	839 (100%)	708 (100%)
35-39 yrs	269 (70%)	322 (69%)	385 (68%)	443 (64%)	474 (62%)	521 (62%)	424 (60%)
40-44 yrs	83 (22%)	112 (24%)	134 (24%)	165 (24%)	211 (27%)	224 (27%)	192 (27%)
45-49yrs	24 (6%)	23 (5%)	25 (4%)	56 (8%)	56 (7%)	60 (7%)	64 (9%)
50 yrs and over	9 (2%)	13 (3%)	19 (3%)	25 (4%)	27 (4%)	34 (4%)	28 (4%)
Females	124 (100%)	147 (100%)	173 (100%)	223 (100%)	248 (100%)	206 (100%)	204 (100%)
35-39 yrs	79 (64%)	105 (71%)	120 (69%)	147 (66%)	147 (59%)	136 (66%)	112 (55%)
40-44 yrs	26 (21%)	26 (18%)	45 (26%)	49 (22%)	67 (27%)	46 (22%)	63 (31%)
45-49yrs	13 (10%)	14 (10%)	6 (3%)	20 (9%)	22 (9%)	17 (8%)	21 (10%)
50 yrs and over	6 (5%)	z (z%)	z (z%)	7 (3%)	12 (5%)	7 (3%)	8 (4%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

2. A polydrug user is defined as any client who reports the use of opiates **and** any other type of illicit drug.

Source: ISD Scotland (SMR24).

Z – Fewer than 5 individuals in this category

Injecting Behaviour

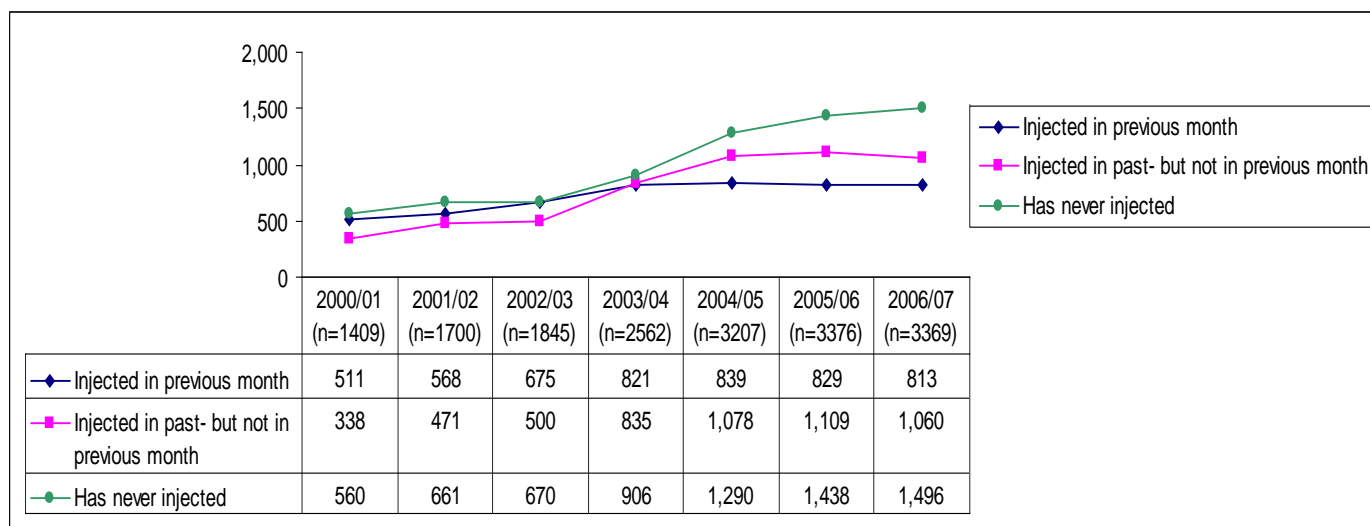
There has been a decline over the last four years in the percentage of **all** 'new' clients of all age groups who report injecting in the month prior to seeking treatment, from 59% in 2002/03 to 50% in 2006/07.

Among the SDU accessing services, the percentage of those who report 'injecting in the previous month' has fallen steadily from 37% (n=675/1,845) in 2002/03 to 24% (n=813/3,369) in 2006/07. The percentage of those who claim to have 'never' injected fell from 40% (n=560/1,409) in 2000/01 to 35% (n=906/2,562) in 2003/04, rising annually to 44% (n=1,496/3369) in 2006/07. The proportion

reporting injecting 'in past but not in the previous month' rose from 24% (n=338/1,409) in 2000/01 to a peak of 34% (n=1,078/3,207) in 2004/05 with a small decline to 31% (n=1,060/3,369) in 2006/07.

Figure 2 illustrates that although the numbers in each injecting group have increased, the gap between those who have injected in the previous month and those who have never injected has widened since 2003/04 with a larger number of SDU reportedly having never injected. The reduction in reported injecting use in Scotland is consistent with a recent study that estimated a decrease from 25,000 injectors in 2000 to 19,000 in 2003 (HPS, *Shooting Up*, 2007: p.7).

Figure 2: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD)² - Scotland: 2000/01 to 2006/07



1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.
 2. Information available is based on clients who provided a valid information profile.
- Source: ISD Scotland (SMR25).

2.5. Blood Borne Viruses

There has been a concerted effort in Scotland to control the spread of blood borne viruses (BBV) by expanding needle exchange provision and increasing the numbers of problem drug users in treatment. The impetus to provide needle exchange schemes was driven by the high levels of HIV infection among injecting drug users in Edinburgh and Dundee during the 1980s.

It is estimated that 50,000 or 1% of the Scottish population have been infected with Hepatitis C and that 90% of these individuals have contracted the virus

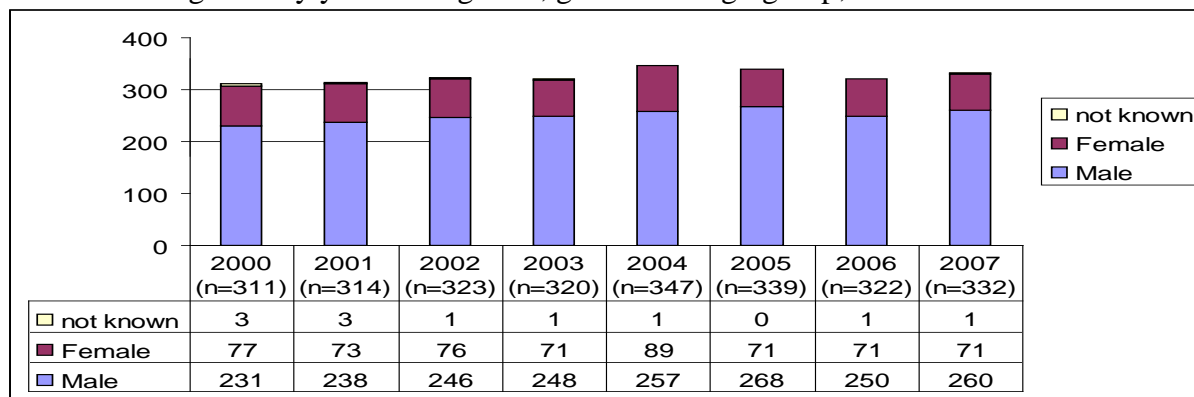
through injecting drug use (Scottish Executive, 2006). Furthermore, only about one third of those infected are aware of their viral status (Scottish Government, 2008). Further estimates suggest there are currently 38,000 chronically infected individuals. It is estimated that only 20% of the 38,000 chronically infected individuals had ever been in specialist care and only 5% had received a course of antiviral therapy. As of December 2006, it was reckoned that approximately 2,100 Hepatitis C infected persons were living with cirrhosis and that 1,000 – 1,500 injecting drug users were becoming infected annually (Scottish Government, 2008).

In 2006, the Scottish Executive published a Hepatitis C Action Plan for Scotland. In this first phase of the action plan, the Executive allocated £4m to NHS boards over the period 2006 – 2008. The primary aims of this first phase were to improve coordination, planning and accountability of Hepatitis C related services, raise awareness of Hepatitis C as a 'significant' public health issue and increase the evidence base around the disease and the services available in Scotland. The Phase II Action Plan (from 2008 -2011) has seen an increased investment of £43m over the next three years. The second phase aims to improve testing, treatment, care and support services for those with Hepatitis, increase the numbers of people receiving treatment, and recognise and address the social care needs and drug addiction problems of those infected by improving links between clinical, addiction and mental health services (Scottish Government, 2008).

Health Protection Scotland (HPS) currently collects all data pertaining to BBV infections in Scotland. Although the numbers of people infected are estimated at 50,000, a total of 23,686 cases of hepatitis C antibody-positivity (HCV+) have been diagnosed between 1991 and 2007. At the time of diagnosis, 18% (n=4,292) were aged 15-24 years, 43% (n=10,154) were aged 25-34 years, 34% (n=7,965) were aged 35-59 years and 3% (n=773) were aged over 60 years. Age was not known in 1% (n=331) of cases (HPS, 14 May 2008)

Figure 3 shows the annual numbers of SDU who have ever injected drugs and are diagnosed HCV+. Between 2000 and 2007 an average 326 new diagnoses of HCV+ were reported annually. There has been a 7% increase from 2000 (n=311) to 2007 (n=332).

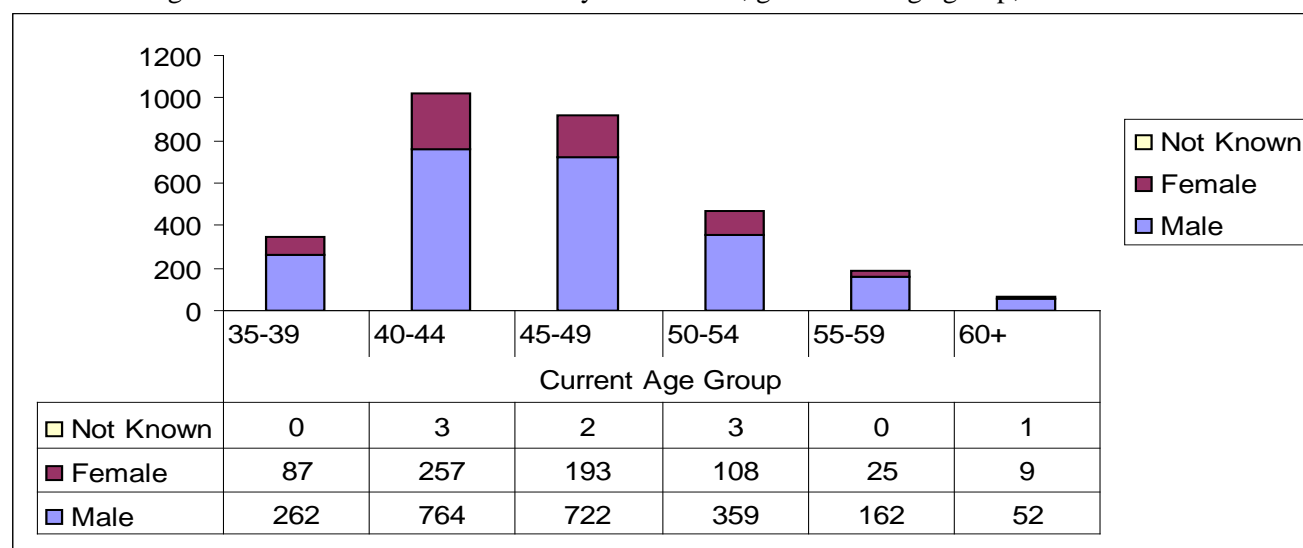
Figure 3: Persons in Scotland reported to be Hepatitis C positive, have ever injected drugs and over 34 at the time of diagnosis by year of diagnosis, gender and age-group; data to 31 December 2007



Source: Health Protection Scotland 2008

Figure 4 shows the age bands of 3,009 SDU who are alive, known to have injected and reported to be HCV+. 35-39 year olds account for 12% of the total, 65% are aged between 40 and 49 years of age; and 24% are aged over 50.

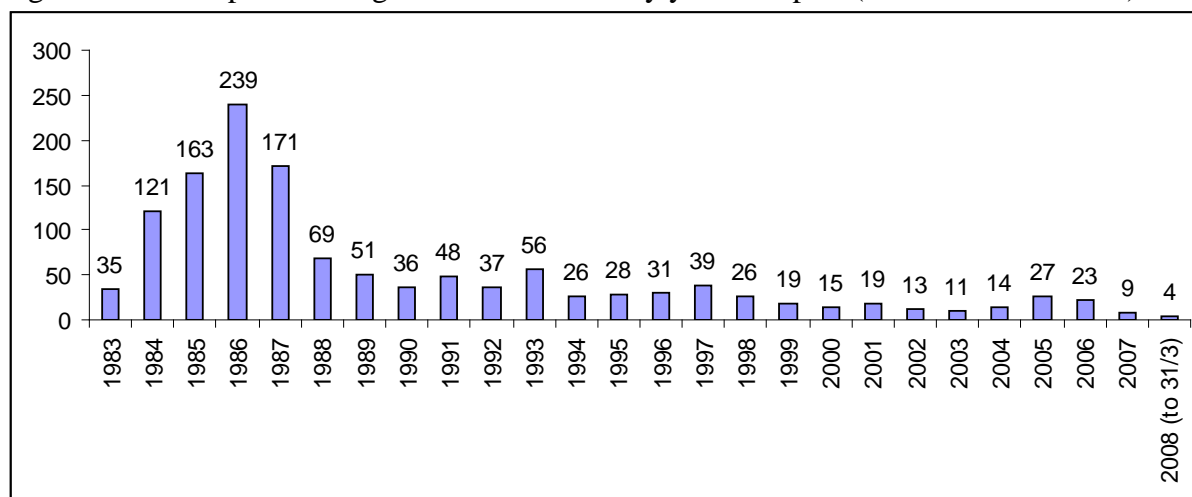
Figure 4: Persons in Scotland reported to be Hepatitis C positive, have ever injected drugs, not known to be dead and over the age of 34 as at 31 December 2007 by NHS Board, gender and age group; data to 31 December 2007



Source: Health Protection Scotland 2008

Since 1983, when data was first collected, 1,330 cases of Human Immunodeficiency Virus (HIV) have been reported in Scotland among injecting drug users. Figure 5 shows that after an initial peak of 239 reported cases in 1986 there has been a general downward trend (with some fluctuation) in annual HIV reports. Since 2000, 135 cases have been reported accounting for 10% (n=135/1330) of the total number of cases reported since 1983.

Figure 5: HIV Reports among IDUs in Scotland by year of report (as at 31 March 2008)



Source: Health Protection Scotland 2008

In Scotland, HIV infections among injecting drug users (who are not known to be dead) amounts to 595 cases (up to March 31st 2008). Table 6 shows that males account for two-thirds of cases (n=395/595, 66%). Senior drug users account for 93% of all cases not known to be dead. The highest percentage of HIV reports are among the 40 – 49 year age group.

Table 6: HIV Reports among IDUs in Scotland who are not known to be dead by gender and current age as at 31 March 2008

Current Age	Male		Female		Total	
	N	%	N	%	N	%
20-24	1	0%	2	1%	3	1%
25-29	6	2%	6	3%	12	2%
30-34	13	3%	12	6%	25	4%
35-39	36	9%	21	11%	57	10%
40-44	124	31%	77	39%	201	34%
45-49	126	32%	52	26%	178	30%
50-54	53	13%	25	13%	78	13%
55-59	16	4%	4	2%	20	3%
60-64	2	1%	0	0%	2	0%
65-69	1	0%	0	0%	1	0%
70-74	1	0%	0	0%	1	0%
80+	1	0%	0	0%	1	0%
NK	15	4%	1	1%	16	3%
Total	395	100%	200	100%	595	100%

Source: Health Protection Scotland 2008

Tables 7 and 8 present information on the numbers of SDU who have been tested for blood borne viruses. Table 7 shows the numbers of clients who have been tested for a single BBV and combinations of BBVs (HCV, HBV and HIV). The numbers who were tested for only one or two BBVs are significantly lower than

those tested for all three. For example, no more than 8% of the new clients who have been tested have been tested for 1 BBV only, compared to 57% who have been tested for all three BBVs.

Table 7: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD) by gender and whether they have been tested for blood borne viruses (BBVs); Scotland: 2006/07

	Information available on HepB, HepC & HIV testing ²	Tested for only one BBV:			Tested for two BBVs:			Tested for three BBVs
		Tested for HepB only	Tested for HepC only	Tested for HIV only	Tested for HepB and HepC only	Tested for HepB and HIV only	Tested for HepC and HIV only	Tested for HepB, HepC and HIV
Both Sexes	1657 (100%)	26 (2%)	126 (8%)	18 (1%)	64 (4%)	z	14 (1%)	942 (57%)
Male	1300 (100%)	21 (2%)	94 (7%)	x	47(4%)	z	9 (1%)	742 (57%)
Female	357 (100%)	5 (1%)	32 (9%)	z	17(5%)	-	5 (1%)	200 (56%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

2. Information available is the number of clients who responded to the question about testing for Hep B, Hep C and HIV.

Z – Fewer than 5 individuals in this category

X – Cell entry masked to prevent calculation of number less than 5

Source: ISD Scotland (SMR25).

Table 8 below provides more detail on the numbers tested for BBVs by gender and age band. However in the final analysis, there is little difference across age bands and gender for those clients who have been tested for Hepatitis C, Hepatitis B and HIV. 57% and 56% of males and females respectively have been tested for the three BBVs. Among the males clients there is proportionally very little difference across the age bands (range 56% - 58%). Among the females there is some difference; for example 44% of 40-44 year olds have been tested for three BBVs compared to 65% of 45-49 year olds. Nevertheless the numbers are too small for any variation to be significant.

Table 8: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD) by age group, gender and whether they have been tested for Hep B, Hep C and HIV; Scotland: 2006/07 (number and percentage of individuals who reported injecting previously)

	Information available on Hep B, Hep C & HIV testing ² n	Tested for Hep B, Hep C and HIV	
		n	%
Both Sexes	1,657	942	57
35-39 yrs	932	541	58
40-44 yrs	476	255	54
45-49yrs	175	104	59
50yrs and over	74	42	57
Males	1,300	742	57
35-39 yrs	750	432	58
40-44 yrs	372	209	56
45-49yrs	123	70	57
50yrs and over	55	31	56
Females	357	200	56
35-39 yrs	182	109	60
40-44 yrs	104	46	44
45-49yrs	52	34	65
50yrs and over	19	11	58

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

2. Information available is the number of clients who responded to the question about testing for Hep B, Hep C and HIV.

Source: ISD Scotland (SMR25).

The hospital setting is the most common source of diagnosis (39%, n=1,495) followed by GPs (32%, n=1,223). Seven percent (n=274) were diagnosed in genitor-urinary medicine clinics and 4% (n=158) in prisons.

2.6. Social background of target group

Table 9 shows the source of referral for SDU reporting to the SDMD. While the proportion of self-referrals has remained relatively constant at an average of a third of all referral sources between 2000/01 and 2006/07, there have been some changes in the proportion of clients referred from GPs and primary care teams with a decline from 45% (n=626/1,404) in 2000/01 to 31% (n=1,097/3,517) in 2005/06 although returning to a similar proportion in 2006/07 (46%, n=1,630/3,539).

The rise in referrals from Criminal Justice sources may be accounted for by the initiation of Drug Treatment and Testing Orders (DTTO) which were introduced by the Crime and Disorder Act 1999. Initially DTTO were piloted first in Glasgow and later in Fife, but were gradually rolled out from 2002 to cover all High Courts and Sheriff Courts across Scotland.

A DTTO provides fast access to a drug treatment programme with the goal of reducing drug related offending and achieving positive changes in the seriousness and frequency of drug related offending and can last for a minimum period of six months or maximum of three years. DTTO are given to high tariff offenders who commit crime to fund their drug habit and show a willingness to co-operate with treatment. They are given to offenders who might otherwise be given a custodial sentence and are a community based option that aims to tackle the offender's drug misuse and their drug-related offending by requiring them to agree to a programme of treatment with regular drug testing.

Referrals from Social Work/specialist drug services appear to fall by 65% between 2005/06 and 2006/07; however this may be accounted for by the change in reporting from SMR24 to SMR25 forms.

Table 9: Proportion of senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD)² by source of referral; Scotland: 2000/01 to 2006/07

YEAR	Information available	Self	GP/primary care team	Criminal Justice³	Social work/specialist drug services	Other⁴
2000/01	1,404	503 (36%)	626 (45%)	58 (4%)	96 (7%)	121 (9%)
2001/02	1,863	679 (36%)	753 (40%)	96 (5%)	230 (12%)	105 (6%)
2002/03	2,755	745 (27%)	726 (26%)	144 (5%)	273 (10%)	867 (31%)
2003/04	2,856	953 (33%)	1052 (37%)	205 (7%)	441 (15%)	205 (7%)
2004/05	3,706	1,133 (31%)	1342 (36%)	354 (10%)	519 (14%)	358 (10%)
2005/06	3,517	1,226 (35%)	1097 (31%)	308 (9%)	605 (17%)	281 (8%)
2006/07	3,539	1,109 (31%)	1630 (46%)	283 (8%)	211 (6%)	306 (9%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

2. Health includes: GP, primary care, mental health, and other health.

3. Criminal Justice includes: DTTO, Arrest referral, drug court, prison, and other criminal justice. Social Work includes: criminal justice, child & family and other social work.

4. Other includes: voluntary service, education, housing and other.

Source: ISD Scotland (SMR25).

Labour Status/Employment

The overall unemployment rate of new contacts seeking help from drug services has averaged out at an annual rate of 84% between 2000/01 and 2006/07 (see table 10). This figure is in contrast to the current national unemployment rate of 4.9%. (Office for National Statistics (ONS), February 2008: <http://www.statistics.gov.uk/pfdir/lmsscot0208.pdf>).

The substantial increase in the variable 'other' to describe employment status from 46 clients in 2005/06 to 575 in 2006/07 is due to changes in recording. Previously in the SMR23 and SMR24, the variable 'other' was used to report those clients who described their labour status as housewife/ husband/ childcare, retired, invalidity/ sick, in prison and other. The SMR25a now includes in the variable 'other', those who are long-term sick, disabled, at school or excluded from school. The increase in this variable is possibly attributable to those who are on sickness and/or disability benefits.

Table 10: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD)² by employment status; Scotland: 2000/01 to 2006/07

	Unemployed ³	Employed ⁴	Other ^{5 & 6}
2000/01 (n=1,434)	1,220 (85%)	174 (12%)	40 (3%)
2001/02 (n=1,740)	1,487 (85%)	200 (11%)	53 (3%)
2002/03 (n=1,872)	1,652 (88%)	171 (9%)	49 (3%)
2003/04 (n=2,584)	2,273 (88%)	254 (10%)	57 (2%)
2004/05 (n=3,183)	2,782 (87%)	343 (11%)	58 (2%)
2005/06 (n=3,408)	2,983 (88%)	379 (11%)	46 (1%)
2006/07 (n=3,294)	2,284 (69%)	435 (13%)	575 (17%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.

2. All figures in this table exclude penal establishment inmates and information received from needle exchanges.

3. Unemployed includes: never employed and unemployed.

4. Employed includes: employed, in full time education and full time training.

5. Other includes: housewife/ husband/ childcare, retired, invalidity/ sick, in prison and other. (SMR24)

6. Other includes: long term sick/ disabled, school, excluded from school, in prison and other. (SMR 25 - (zero) (SMR 25)

The unemployment rates for male and female clients have remained relatively consistent over the period under study at an average of 84% for both sexes. This compares to the national figures of 5.1 and 4.7 per cent respectively for males and females in the general population (ONS February 2008).

A recent report published by the Department for Work and Pensions (DWP) suggests that out of the total number of working age people claiming benefits in England (n=4,034,870), problem drug users account for 7% (n=266,798) of the total (Hay, G and Bauld, L, 2008).

Drawing on Home Office drug prevalence estimates Hay et al show that 122,323 problem drug users in England are aged 35 and over. Of these, 104,356 (85%) are claiming benefits (Hay & Bauld, 2008). This figure for England is similar to that in Scotland where on average 8 out of 10 SDU are unemployed.

Currently the DWP is conducting a consultation on various aspects of the UK Government's latest proposals for welfare reform which aim to remove one million people from Incapacity Benefit (IB) by 2015 and achieve an 80 percent employment rate. Under the proposals, IB claimants with drug problems will be required to declare specific drug use, and then "move successfully" through treatment and into employment or have their benefits reduced. The proposed new Employment and Support Allowance (ESA) will replace IB completely by 2013 and proposals also suggest that ESA would be linked to "work for benefit" proposals where people receiving ESA would be compulsorily required to attend training.

Housing

Across the seven year period under study, the majority of SDU accessing services reported that they lived in owned or rented accommodation. Between 11% and 15% reported that they were homeless, and less than 5% reported living in supported accommodation or residential rehabilitation.

Table 11: Senior drug users¹ reporting to the Scottish Drugs Misuse Database (SDMD)² by age group, gender and accommodation type; Scotland: 2000/01 to 2006/07

	Owned/rented	Homeless⁴	Supported accommodation/ Residential rehabilitation⁵	Other⁶	In prison⁷
2000/01	<i>Information on accommodation was not collected prior to 2001/02.</i>				
2001/02 (n=1767)	1498 (85%)	203 (11%)	51 (3%)	15 (1%)	-
2002/03 (n=1921)	1568 (82%)	287 (15%)	54 (3%)	12 (1%)	-
2003/04 (n=2739)	2241 (82%)	356 (13%)	100 (4%)	42 (2%)	-
2004/05 (n=3568)	2863 (80%)	476 (13%)	110 (3%)	119 (3%)	-
2005/06 (n=3497)	2947 (84%)	425 (12%)	76 (2%)	49 (1%)	-
2006/07 (n=3431)	2813 (82%)	482 (14%)	57 (2%)	31 (1%)	48 (1%)

1. Senior drug users: new patients/ clients reporting to the SDMD aged 35 years or over.
2. All figures in this table exclude penal establishment inmates and information received from needle exchanges.
3. Information on accommodation was not collected prior to 2001/02.
4. Homeless includes: temporary/ unstable accommodation, roofless and no fixed abode.
5. Supported accommodation/ residential rehabilitation includes: supported accommodation (drug related), residential rehabilitation and local authority care.
6. Other includes: in prison and other.
7. Prison data available from 2006/07 (SMR25)

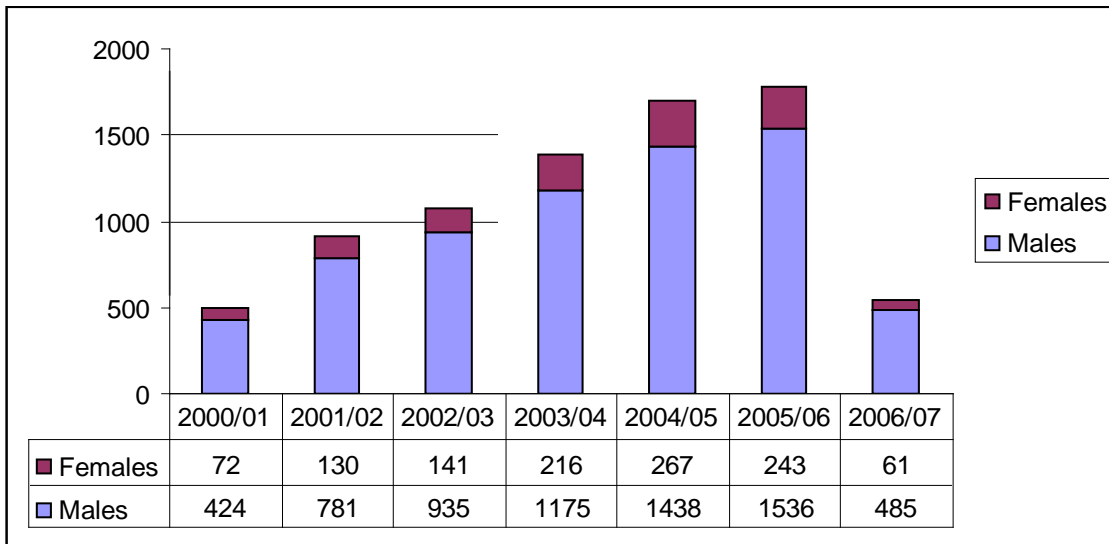
The latest Supporting People (Scotland) figures indicate that 3,872 drug users were receiving housing support services to enable them to live in their own homes (Supporting People Client Statistics 2007 – 2008, <http://www.scotland.gov.uk/Resource/Doc/242006/0067332.pdf>). This figure represents 2% of the total number of clients (n=201,241) receiving this support in Scotland.

Experiences with imprisonment

Scotland has one of the highest levels of imprisonment in Europe. A recent report by the Scottish Prisons Commission states that 7 out of 10 prisoners have used drugs before coming into prison and that 9 out of 10 female prisoners have a drug and alcohol problem (Scottish Prisons Commission, 2008).

From 2000/01 to 2005/06 there appears to have been a significant increase in the numbers of drug users attending treatment who report previous imprisonment. Figure 6 shows that in 2000/01 424 males and 72 females reported they had previously been in prison. The numbers then rise to 1,536 of males and 243 of females in 2005/06, falling dramatically to 61 females and 485 males in 2006/07.

Figure 6: Senior drug users reporting whether previously in prison by gender: 2000/01-



Source ISD Scotland

However, as noted there have been changes in the recording forms and the discrepancies are most likely due to changes in recording. The SMR23 that was used in 2000/1 did not include a specific question about prison; this question was incorporated in another question, which asked about the client's general legal situation. It is likely that the question was not answered in the same way as the revised questions in SMR24 and SMR25a. SMR24, which was used from 2001/02 – 2005/06, asked if the client had ever been in prison. The SMR25a (used in 2006/07) asks if the client has been in prison during the previous 12 months. This explains why the figures for 2006/7 are so much lower than those for 2001/02 - 2005/6.

According to a recent report published by the Scottish Prison Service (SPS), 48% of prisoners were recorded in G-PASS (a clinical software programme) as having a history of current or past drug dependence (Prison Health in Scotland (PHS), 2007). Figures from a snapshot of the SPS information system stated that 209 (3%) prisoners were noted to be at risk of drug withdrawal (PHS, 2007).

SPS conducts an annual prison survey in all 15 Scottish prisons. The response rate for the 2007 survey was 74% (10th Prison Survey, 2007, SPS: 2007). According to the 2007 findings, seven out of ten prisoners (69%) reported using illegal drugs in the 12 months before coming into prison. Cocaine and heroin use was reported by 60% and 53% respectively of the survey participants.

Half of prisoners (45%) reported that their drug use was a problem for them on the outside and 50% stated that they were under the influence of drugs at the time of their offence. A quarter (26%) indicated that they committed their offence to get money for drugs (SPS, 2007).

Data provided by the SPS prison survey state that of the 1,216 participants aged 35 and over who took part in the survey, 45% (n=548) had 'ever' used illegal drugs before entering prison. Of these, 65% (n=355) had used heroin, 59% (n=317) had used cocaine, and 20% (n=110) had used illicit methadone.

One fifth (n=238/1,216, 20%) of prisoners aged 35+ reported using drugs in the month prior to the survey completion. Of these, 82% (n=195/238) had used heroin; 27% (n=65/238) had used other opiates (e.g. temgesic, Dihydrocodeine); 15% (n=36/238) had used illicitly obtained methadone; and 21% (n=50/238) had used cocaine. The proportion of over 35s reporting illicit drug use in prison was slightly lower than the overall figure of 30%.

A small minority of prisoners aged 35 years and over (n=113/1,216, 9%) had 'ever' injected in prison, and 2% (n=24) reported injecting in the month prior to the survey. A small minority (n=25/1,216, 2%) stated that they had shared injecting equipment. Although the numbers of injectors in prison are small, the risk of BBV transmission through sharing equipment is high. There are currently no needle exchange facilities in any prison in Scotland although injecting paraphernalia (citric acid, cookers, filters, water ampoules, swabs and foil) has been available since 2007.

The prisoners were asked if they would accept help for their drug use outside prison and inside prison. The majority of those who reported using drugs stated that they would accept help both on the outside (n=409/548, 75%) and inside prison (n=404/548, 74%). A number of prisoners stated they were 'worried' their drug taking would be a problem when they were released from prison (n=227/548, 41%).

In terms of treatment within SPS, one third (n=404) of prisoners aged 35+ were assessed for their drug use on admission to prison. Of these, 78% (n=314/404) individuals stated they were given 'the chance to receive treatment for drug use during [their] sentence' while 74% (n=297/404) received 'help/treatment for drug use during [their] sentence.'

Methadone was reportedly prescribed to 244 SDU in prison, of which 40 stated they were on a reduction dose and 204 on a maintenance dose. The majority (n=180/244, 74%) prescribed methadone stated their prescription 'controlled their cravings'.

The overall model of health care in SPS is an enhanced primary care service, with enhanced care delivered in addictions, mental health and blood borne viruses. An assessment of addiction is made by a qualified nurse on entry into prison, including history, symptoms of withdrawal, clinical examination and specimen for laboratory analysis. Injecting equipment brought in to the prison on admission is stored if unused and returned on release. If used, a clean set is issued on release. If withdrawal is likely, the patient's condition is stabilised.

On admission to prison, those already on a substitute medication programme are given the opportunity to continue this, subject to confirmation with community prescribing services (this includes willingness to continue prescribing on release). Prescribing is through supervised daily doses and regular supervision (minimum monthly).

Those not in established contact are offered treatment to stabilise their condition. For prisoners staying less than one month, this can include detoxification. For prisoners staying more than one month, referral (including self-referral) can be made to the Enhanced Addictions Casework Service (EACS) following commencement of treatment. Substitution therapy can be offered subject to a full specialised addiction assessment. For those staying one to three months, arrangements with a community drug service should be made. For those staying three to six months, substitution therapy will be commenced if a community

prescriber is identified. For those staying more than six months, substitution therapy can be commenced. Stopping of substitution therapy should be either voluntary or following a multi-disciplinary team review and include support. There is no set maximum number for drug treatment programmes. Pregnant drug users are considered a top clinical priority.

The key features of EACS include:

- National Harm Reduction Awareness sessions delivered to all prisoners.
- Prisoner Assessment and Individualised Care Planning - following assessment, an individualised care plan is agreed and is reviewed regularly. With the prisoner's permission, liaison is made with any community agencies that have been delivering care.
- Pre-Release Group Work - The main aim of pre-release group work is to raise awareness of the dangers associated with loss of tolerance prior to liberation into the community.

In 2009, it is planned to conduct a randomised controlled trial to test the effectiveness of naloxone² for prisoners released from prisons in Scotland and England. Approximately 56,000 prisoners will take part in the study over a five year period. Within those prisons participating in the study, prisoners (aged 18 to 44 years) with a prior history of injecting drug use and due to be released will be given information about overdose dangers, as well as contact with services and efforts at continuity of care; half of these prisoners will also be given a supply of take-home naloxone, with instructions as to how it should be administered in the event of an opiate overdose.

² Naloxone is an antagonist drug used by emergency health professionals to reverse opioid overdose.

2.7. Physical and mental health problems of the target group

General Acute Hospital Discharges

During 2006/07 there were 4,620 general acute hospital discharges with a diagnosis of drug misuse, a ratio of 94 discharges per 100,000 population. These figures have remained relatively stable over the period 2002/03-2006/07, with only a slight decrease in the figures in 2005/06 when there were 4,338 general acute discharges at a ratio of 89 per 100,000 population.

Table 12a shows that as a percentage of the total numbers of discharges, SDU discharged from acute hospitals with a drug related diagnosis have risen annually from 27% (n=1241/4553) in 2002/03 to 39% (n=1,816/4620) of the total number of drug users in 2006/07. Furthermore there has been an 87% increase in the numbers of SDU discharged from 972 in 2000/01 to 1,816 in 2006/07.

Table 12a: Senior drug users¹ discharged from acute hospitals² in Scotland with a drug-related diagnosis³, by age group⁴ 2000/01 to 2006/07^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06		2006/07 ^p	
Both Sexes all ages	-		-		4553	100%	4430	100%	4444	100%	4338	100%	4620	100%
Both sexes aged <35					3312	73%	3098	70%	2878	65%	2657	61%	2804	61%
Both Sexes aged 35+	972		1089		1241	27%	1332	30%	1566	35%	1681	39%	1816	39%

1. Senior drug users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of illicit drugs.

2. Excludes mental illness hospitals, psychiatric units and maternity hospitals and transfers. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Drug related conditions: F11, F12, F13, F14, F15, F16, F18, F19.

4. Age on admission.

p (Provisional).

Source: ISD Scotland (SMR01).

Table 12b shows the ratio of male to female discharges has remained stable at about 3:1. While the numbers in each age band have increased for males and females, table 12b demonstrates that in 2006/07 the over 40s accounted for over half the discharges in comparison to previous years whereby 35-39 year olds accounted for at least half of all discharges for SDU.

Table 12b: Senior drug users¹ discharged from acute hospitals² in Scotland with a drug-related diagnosis³, by age and gender: 2000/01 to 2006/07^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06		2006/07 ^p	
Both Sexes aged 35+	972		1089		1241		1332		1566		1681		1816	
Males	669	100%	779	100%	911	100%	962	100%	1146	100%	1242	100%	1315	100%
35-39 yrs	432	65%	470	60%	528	58%	510	53%	575	50%	615	50%	634	48%
40-44 yrs	129	19%	165	21%	216	24%	264	27%	308	27%	334	27%	415	32%
45-49yrs	55	8%	64	8%	85	9%	90	9%	133	12%	128	10%	136	10%
50 yrs and over	53	8%	80	10%	82	9%	98	10%	130	11%	165	13%	130	10%
Females	303	100%	310	100%	330	100%	370	100%	420	100%	439	100%	501	100%
35-39 yrs	163	54%	181	58%	191	58%	195	53%	213	51%	229	52%	214	43%
40-44 yrs	61	20%	56	18%	61	18%	84	23%	108	26%	108	25%	140	28%
45-49yrs	24	8%	18	6%	30	9%	37	10%	37	9%	52	12%	63	13%
50 yrs and over	55	18%	55	18%	48	15%	54	15%	62	15%	50	11%	84	17%

1. Senior drug users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of illicit drugs.

2. Excludes mental illness hospitals, psychiatric units and maternity hospitals and transfers. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Drug related conditions: F11, F12, F13, F14, F15, F16, F18, F19.

p (Provisional).

Source: ISD Scotland (SMR01).

Table 13a shows that the numbers of SDU discharged from acute hospitals with an opiate-related diagnosis have risen 168%, from 463 in 2000/01 to 1,239 in 2006/07. Between 2002/3 and 2006/7 the proportion of SDU has risen from 29% to 42% of all opiate users discharged from acute hospitals in Scotland

Table 13a: Senior opiate users¹ discharged from acute hospitals² in Scotland with an opiate-related diagnosis³, by age group⁴: 2000/01 to 2006/07^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06		2006/07 ^p	
	n		n		n	%	n	%	n	%	n	%	n	%
Both sexes all ages - Opioids	-		-		2330	100%	2324	100%	2569	100%	2675	100%	2957	100%
Both sexes aged <35					1662	71%	1635	70%	1658	65%	1592	60%	1718	58%
Both Sexes aged 35+	463		551		668	29%	689	30%	911	35%	1083	40%	1239	42%

1. Senior opiate users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of opiates.

2. Excludes mental illness hospitals, psychiatric units and maternity hospitals and transfers. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Mental & behavioural disorders due to the use of opiates: F11.

4. Age on admission.

p (Provisional).

Source: ISD Scotland (SMR01).

Similar to the generic drug-related discharges, table 13b shows the ratio of males to females discharged with an opiate-related diagnosis is similar at 3:1. Furthermore in 2006/07 the over 40 year olds accounted for over half of all discharges among senior opiate users compared to previous years whereby 35-39 year olds accounted for the majority of all discharges with an opiate-related diagnosis.

Table 13b: Senior opiate users¹ discharged from acute hospitals² in Scotland with an opiate-related diagnosis³, by age group⁴ and gender: 2000/01 to 2006/07^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06		2006/07 ^p	
Both Sexes aged 35+	463		551		668		689		911		1083		1239	
Males	339	100%	406	100%	487	100%	495	100%	635	100%	812	100%	904	100%
35-39 yrs	229	68%	235	58%	283	58%	269	54%	340	54%	412	51%	447	49%
40-44 yrs	69	20%	86	21%	133	27%	137	28%	162	26%	225	28%	286	32%
45-49yrs	25	7%	43	11%	41	8%	43	9%	69	11%	83	10%	85	9%
50 yrs and over	16	5%	42	10%	30	6%	46	9%	64	10%	92	11%	86	10%
Females	124	100%	145	100%	181	100%	194	100%	276	100%	271	100%	335	100%
35-39 yrs	73	59%	87	60%	112	62%	115	59%	153	55%	156	58%	145	43%
40-44 yrs	30	24%	29	20%	30	17%	43	22%	65	24%	65	24%	99	30%
45-49yrs	10	8%	8	6%	15	8%	20	10%	24	9%	31	11%	46	14%
50 yrs and over	11	9%	21	14%	24	13%	16	8%	34	12%	19	7%	45	13%

1. Senior opiate users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of opiates.

2. Excludes mental illness hospitals, psychiatric units and maternity hospitals and transfers. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Mental & behavioural disorders due to the use of opiates: F11.

4. Age on admission.

p (Provisional).

The rate per 100,000 population for discharges with a drug misuse diagnosis has shown a decline in the age groups below 30 years old. On the other hand, there has been an increase in those aged 30 years and over. Trends were particularly significant in the 20-24 year age group (a decrease from 282 discharges per 100,000 population in 2001/02 to 188 in 2005/06) and 40-44 year age group (a rise from 71 discharges per 100,000 population in 2001/02 to 131 in 2005/06).

Psychiatric Discharges

Discharges from psychiatric hospitals with a drug-related diagnosis have increased 58% (n=224) between 2000/01 and 2005/06. The percentage of SDU has increased from 28% to 37% of the total number of psychiatric discharges with a drug-related diagnosis. Males accounted for approximately two-thirds of discharges (Table 14).

Table 14: Senior drug users¹ discharged from psychiatric hospitals² in Scotland with a drug-related diagnosis³, by age group⁴ and gender: 2000/01 to 2005/06^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06 ^p	
	n	%	n	%	n	%	n	%	n	%	n	%
Both sexes aged 35+	384	100%	491	100%	505	100%	521	100%	609	100%	608	100%
Males	246	64%	330	67%	307	61%	339	65%	399	66%	412	68%
Females	138	36%	161	33%	198	39%	182	35%	210	34%	196	32%

1. Senior drug users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of illicit drugs.

2. Excludes general acute hospitals, and non-psychiatric wards. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Drug related conditions: F11, F12, F13, F14, F15, F16, F18, F19.

4. Age on admission.

p (Provisional).

Source: ISD Scotland (SMR04).

Table 15 shows the numbers of SDU discharged from psychiatric hospitals with an opiate-related diagnosis. The breakdown by gender does not add up to the total number of both sexes due to some numbers that have been suppressed or where the number of discharges in a specific year and age group is less than five.

The numbers of psychiatric discharges with an opiate-related diagnosis have increased by 43% (n=48) over the period 2000/01 to 2005/06. While the aggregate numbers have increased there has been some fluctuation over the same period, increasing from 111 discharges in 2000/01 to 147 in 2001/02, then falling to 130 in 2002/03 and rising to 186 in 2004/05 and falling again to 159 in 2005/06. Males make up the larger proportion of psychiatric discharges, although both sexes show a fall in numbers in 2005/06.

Table 15: Senior opiate users¹ discharged from psychiatric hospitals² in Scotland with an opiate-related diagnosis³, by age group⁴ and gender: 2000/01 to 2005/06^p

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06 ^p	
	n	%	n	%	n	%	n	%	n	%	n	%
Both sexes aged 35+	111	100%	147	100%	130	100%	146	100%	186	100%	159	100%
Males	57	51%	91	62%	77	59%	88	60%	119	64%	108	68%
Females	35	32%	56	38%	42	32%	45	31%	67	36%	51	32%

1. Senior opiate users: patients aged 35 years or over with a diagnosis of mental & behavioural disorders due to the use of opiates.

2. Excludes general acute hospitals, and non-psychiatric wards. Includes Scottish residents only.

3. Diseases recorded using the World Health Organisation's International Classification of Diseases 10th Revision (ICD10).

Mental & behavioural disorders due to the use of opiates: F11.

4. Age on admission.

p (Provisional).

Source: ISD Scotland (SMR04).

It is worth considering that there may be an element of under-recording in drug and opiate related discharges from both general acute and psychiatric hospitals due to diagnostic recording systems.

3. Local Report: Glasgow

3. 1. Data sources

Glasgow is Scotland's largest city with a population of approximately 582,000; this figure equates to 11% of Scotland's population.³

Furthermore GAS also contract manages services purchased by Glasgow City Council and the NHS GGC. Contracted services include residential services, the Drug Crisis Centre, community rehabilitation services, community support and carers' services.

The data for the local report was derived from the careFirst information system managed and operated by Glasgow Social Work Services with further data supplemented by the ISD.⁴

The service user based information system careFirst is used by almost 4,000 Social Work Services staff at over 180 sites covering Community Care, which includes addiction, older people, physical disability, mental health and learning disability, Children and Families, Criminal Justice and Homelessness. Information on all GAS service users is accessible to workers at various offices across the city and all information is recorded on the one system.

It is primarily a client record that stores information on all service users. The information held includes:

- Child Protection/Adult protection information
- Assessment information
- Demographic details
- Care/treatment plans
- Criminal justice report requests
- Court Orders and post custodial supervision plans
- Professional & personal relationships (Next of Kin, legal representative etc.)

³ GROS, *Mid-2007 Population Estimates, Scotland*

<http://www.gro-scotland.gov.uk/statistics/publications-and-data/population-estimates/index.html>

⁴ See section 2.1 for a description of ISD data.

- Shared Care Clinic details like prescription dosage, frequency of attendance

Limitations

The data from GAS covers a two year period only (2006/07 and 2007/08). Therefore it is not possible to compare the local and national data over the seven year period. The Glasgow data is gathered on a paper based copy and transferred onto careFirst (GAS database); therefore it may be that not all information is up to date at any one time.

3.2. Target Group Size and Drug Use

According to the 2003 national prevalence figures, there was an estimated 11,235 problem drug users in Glasgow which is equal to about 2% of the city's population. Of those, an estimated 2,662 are males aged 35-54 (Hay et al, 2005). This figure represents 35% of the estimated total number of Glasgow's male problem drug users aged 15 – 54 (n=7,683).⁵

Data from ISD suggests that in 2006/07, 41% (n=850/2,096) of all new clients entering treatment in Glasgow City were aged 35 years and over.

Table 16 shows the number of new SDU clients reporting illicit opiate use, and entering treatment in Glasgow increased 42% (from 344 to 489) between 2000/02 and 2002/03 but has since declined back to a similar level (n347) in 2006/07. Furthermore, the proportion of SDU in Glasgow in relation to the national figure shows a decrease from 36% (n=344/963) at the beginning of the period to 19% (n=347/1791) in 2006/07.

Almost eight out of ten of new SDU clients entering treatment in Glasgow are male. Across both genders there has been a decrease in the aggregate numbers (and proportion) of 35-39 year olds, although there has been a 50% decrease among females in this age group compared to 16% among males. Females in the 40-44 year age band have increased 130% from 13 - 30 across the period. The largest increase among males has been in the 45 - 49 year age band with a 280% increase from 2001/01 to 2006/07 (numbers not shown to prevent disclosure).

⁵ There are no estimates for female drug users across age bands.

Table 16: Senior drug users reporting to the Scottish Drugs Misuse Database (SDMD) by age group, gender and illicit opiate drug use (main); Scotland and Glasgow City: 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Both Sexes (Scotland)	963	1,164	1,309	1,557	1,823	1,927	1791
Both Sexes (Glasgow)	344	431	489	463	465	424	347
35-39 yrs	233	306	342	276	275	231	177
40-44 yrs	78	96	114	124	122	125	111
45-49yrs	24	19	26	42	45	50	47
50 yrs and over	9	10	7	21	23	18	12
Males	252	335	384	347	376	353	274
35-39 yrs	173	233	262	198	224	187	145
40-44 yrs	65	78	95	98	100	104	81
45-49yrs	x	14	20	x	36	x	x
50 yrs and over	z	10	7	x	16	x	x
Females	92	96	105	116	89	71	73
35-39 yrs	60	73	80	78	51	44	32
40-44 yrs	13	18	19	26	22	21	30
45-49yrs	x	5	6	x	9	z	x
50 yrs and over	x	-	-	z	7	z	z

Z – Fewer than 5 individuals in this category

X – Cell entry masked to prevent calculation of number less than 5

Source: ISD

New SDU clients reporting polydrug use shows a similar a pattern to those clients reporting opiates as their main drug. Table 17 shows the figures peak in 2002/03 (from n176 to n300) and return to similar numbers by 2006/07 (n175). Relative to Scotland's figures, Glasgow decreases its overall share of polydrug using SDU from 35% (n=176/509) to 19% (n=175/912) over the same period.

Across the five year age bands, there has been a 25% decrease in both sexes in the 35 - 39 year age band although the decrease in females is more pronounced than among males (43% decline compared to 19%). The highest increase, 400%, can be seen among males' aged 45 - 49 year olds (numbers not shown to prevent disclosure). The largest increase for females was in the 40 - 44 year age group, increasing 114% from n7 - n15.

Table 17: Senior drug users reporting to the Scottish Drugs Misuse Database (SDMD) by age group, gender and polydrug use; Glasgow City: 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07
Both Sexes (Scotland)	509	617	736	912	1,016	1,045	912
Both Sexes (Glasgow)	176	232	300	272	281	229	175
35-39 yrs	126	166	223	164	166	141	95
40-44 yrs	37	53	61	71	81	69	54
45-49yrs	x	8	10	25	28	x	x
50 yrs and over	z	5	6	12	6	z	z
Males	132	187	234	202	226	193	138
35-39 yrs	96	130	171	117	133	116	78
40-44 yrs	30	45	50	55	69	61	39
45-49yrs	z	x	x	x	21	x	x
50 yrs and over	z	5	6	x	z	z	z
Females	44	45	66	70	55	36	37
35-39 yrs	30	36	52	47	33	25	17
40-44 yrs	7	8	11	16	12	8	15
45-49yrs	x	z	z	z	7	z	z
50 yrs and over	z	-	-	z	z	-	z

Z – Fewer than 5 individuals in this category

X – Cell entry masked to prevent calculation of number less than 5

Source: ISD

Table 18 shows the total number of clients, and opiate using SDU, that are registered with GAS over a two year period (2006/07 – 2007/08). There was a 5% increase in the total number of clients over the two year period, rising from 6927 to 7267.

The table shows a 22% increase in total opiate SDU clients, rising from 2769 in 2006/07 – 3374 in 2007/08. The proportion of opiate using SDU has increased from 40% (2769/6927) to 46% (3374/7267). The proportion of males to females is 3:1.

Table 18: Glasgow Community Addiction Teams Caseload: All clients and Opiate Users 2006/07 – 2007/08

	2006/07	2007/08
Total Number Clients (All)	6,927	7,267
Both Sexes (Opiate Users over 35 years)		
35-39 years	1446	1652
40-44 years	875	1101
45-49 years	309	410
50-54 years	105	155
55-59 years	30	47
60-64 years	4	5
65+ years		4
Total	2769	3374
Males (Opiate Users over 35 years)		
35-39 years	1014	1155
40-44 years	640	802
45-49 years	229	313
50-54 years	85	118
55-59 years	25	40
60-64 years	4	5
65+ years		4
Total	1997	2437
Females (Opiate Users over 35 years)		
35-39 years	432	497
40-44 years	235	299
45-49 years	80	97
50-54 years	20	37
55-59 years	5	7
60-64 years		
65+ years		
Total	772	937

Source: GAS careFirst

The latest prescribing figures show that 9,615 people were receiving Methadone in the Greater Glasgow and Clyde area, mostly daily supervised.⁶ Methadone prescribing has increased 20% among SDU clients accessing GAS (from 2,342 in 2006/07 - 2,814 in 2007/08). Between 83% and 85% of SDU clients were prescribed Methadone over the two year period. In both years, 13% clients

⁶ Scottish Government (2007) **Review of Methadone in Drug Treatment: Prescribing Information and Practice**. 23 July. <http://www.scotland.gov.uk/Publications/2007/06/22094632/0>

reported using heroin.⁷ However this figure includes those who are entering (or in) treatment and it may be that a number of clients have not declared continuing heroin use.

Injecting behaviour

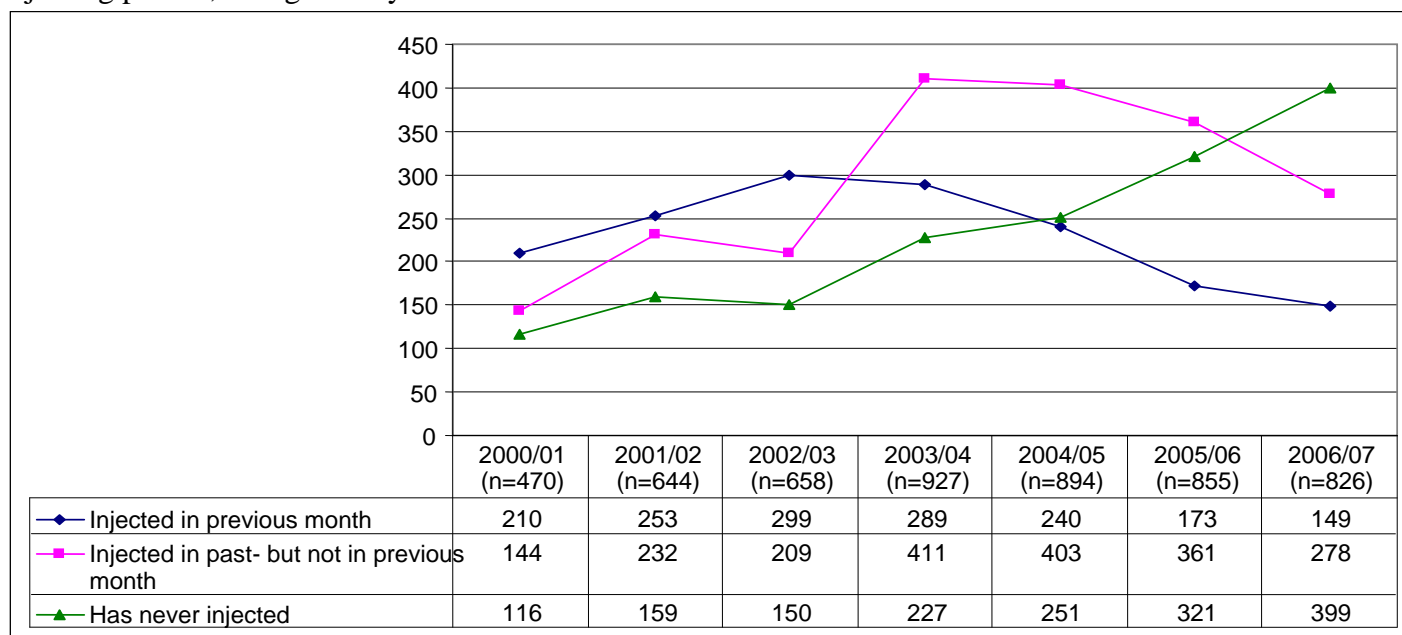
It was estimated that 4,473 people were injecting drugs in the Greater Glasgow area (Hay et al, 2005). Data from GAS suggests 5% of the SDU caseload reported injecting drug use (n=127/2769 and n=164/3374 in 2006/07 and 2007/08 respectively). Caution should be applied however as this figure of 5% includes those who are entering (or in) treatment and it may be that a number of injectors in treatment have not declared ongoing injecting drug use.

Figure 7 shows that in contrast to Scotland's injecting pattern, the aggregate numbers of SDU clients entering treatment in Glasgow who report injecting in the previous month have decreased 29% over the last seven years, from 210 in 2000/01 to 149 in 2006/07.

Between 2000/01 and 2006/07 the numbers of Glasgow SDU entering treatment who report 'never' injecting have increased 244%. Similar to the national figures, the proportion of SDU who report having 'never' injected has risen from 25% (n=116/470) to 48% (n=399/826).

⁷ careFirst data: GAS

Figure 7: Senior drug users reporting to the Scottish Drugs Misuse Database (SDMD) by gender and injecting profile; Glasgow City: 2000/01 to 2006/07



Source: ISD

3.3. Blood Borne Viruses

As seen in table 19, 44% of SDU in Scotland who are reported to be 'HCV+ and have ever injected', live in the Glasgow and Clyde area (n=1691/3821). Senior drug users account for 28% of all persons reported to be HCV+ in Glasgow (n=1691/6141). Both nationally and locally, the ratio of male to female SDU is 3:1.

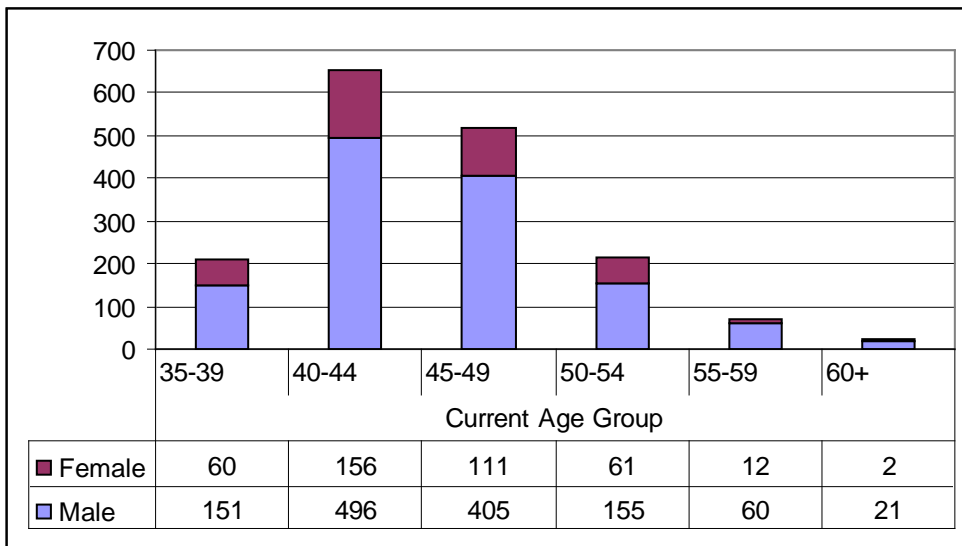
Table 19: Persons in Scotland and Glasgow reported to be Hepatitis C positive and have ever injected drugs by age group and gender; data to 31 December 2007

NHS Board/Location	Age Group	Sex		NK	Total
		Male	Female		
Scotland	Under 35	6731	3216	44	9991
	35+	2936	872	13	3821
	NK	107	28	23	158
	Total	9774	4116	80	13970
Greater Glasgow & Clyde	Under 35	1473	2884	9	4366
	35+	402	1288	1	1691
	35-39	745	247	1	993
	40-44	340	103	0	443
	45-49	140	37	0	177
	50-54	47	11	0	58
	55-59	12	3	0	15
	60+	4	1	0	5
	NK	17	67	0	84
	Total	1892	4239	10	6141

Source: Health Protection Scotland 2008

Glasgow has a slightly higher proportion of older drug users who are HCV+, (have injected and not known to be dead) aged between 40 and 49 years than the national figure (69% compared to 65%); 18% (compared to 24%) are aged over 50.

Figure 8: Persons in Glasgow reported to be Hepatitis C positive, have ever injected drugs, not known to be dead and over the age of 34 as at 31 December 2007 by NHS Board, gender and age group; data to 31 December 2007



Source: Health Protection Scotland 2008

In response to the national Hepatitis C Action Plan, NHS Glasgow and Clyde piloted a Community HCV outreach project. The aims were to provide testing, support, information and advice to HCV infected individuals accessing addiction services, improve the referral process, increase access to treatment, reduce the default rate among those referred for treatment and establish and maintain links between addiction, hospital and other community services. The pilot was well evaluated and has led to the service being rolled-out across the Health Board area during Phase II.

Additional investment has been made in medical officer and nursing sessions at addiction and harm reduction services, as well as recruiting new Hepatitis C Clinical Nurse Specialists in hospital services. Barriers to the patient journey have been identified and the care pathway revised to minimise these. HCV testing should be more accessible following the introduction of 'Dried Blood Spot' tests. This avoids

the initial need for venepuncture which can be difficult for long term IDUs and ensures testing can be carried out by addiction nurses in community settings.

Within the specialist care services, clinical nurse specialists will provide clinical assessment, follow-up and support, referral to outpatient clinics, and liaison with community services for patients experiencing significant co-morbidities, barriers to attending outpatient clinics, and support for clients who are starting treatment and clients undergoing custodial sentences.

HIV

It is estimated that cumulative to 31 December 2006, 201 HIV infected IDUs resided in the Glasgow and Clyde area; 109 were known to be alive in 2006 and 64 were undergoing immunological monitoring in 2007. Of the cumulative total of infections, Glasgow accounted for 15% of the national total (n=201/1377) (ISD, 2008). These figures include all ages. No figures were available for Glasgow SDU although they are likely to reflect the national figures wherein over 90% of HIV infected persons are aged 35 years and over.

3.4. Mortality Rates

Since 1996, the Greater Glasgow area has had the highest numbers of drug-related deaths (DRDs) in Scotland.⁸ Similar to the national figures, there has been a steady increase in the proportion of SDU among the DRDs.

Table 20 shows that in 2000, SDU accounted for one third of all Glasgow's DRD (n=32/96); in 2007 the proportion had risen to 56% (n=50/90). When broken down by gender, females over 35 years accounted for 80% of all female deaths in 2007 compared to 51% for males aged 35 and older.

⁸ General Register Office for Scotland (2007) *Drug Related Deaths in Scotland 2006*, GROS

Table 20: Glasgow drug-related deaths by age and sex - 2000-2007

	Female				Male				All		
	up to 34	35 and over	All		up to 34	35 and over	All		up to 34	35 and over	All
Registration Year											
2000	12	7	19		52	25	77		64	32	96
2001	6	3	9		49	26	75		55	29	84
2002	9	6	15		54	42	96		63	48	111
2003	9	6	15		56	22	78		65	28	93
2004	11	9	20		43	43	86		54	52	106
2005	4	15	19		16	40	56		20	55	75
2006	16	17	33		36	44	80		52	61	113
2007	3	12	15		37	38	75		40	50	90

Source: GROS 2009

A range of responses have been developed to address the high numbers of drug deaths in the area. GAS have run a number of overdose prevention initiatives including campaigns to reduce fatalities during at risk periods, such as the Festive Holidays and the run up to the New Year. The campaigns have involved widespread dissemination through drug services of key rings (with prevention advice), the Scottish Government DVD *'Going Over: four real stories of overdose'* and staff offering drug users one-to-one information on overdose risks.

In 2007/08 GAS piloted a Take Home Naloxone programme. This programme delivered overdose prevention and first aid training to over 200 drug users, carers and staff, as well as providing a Naloxone pack to each person who entered the training programme. There were 11 recorded uses of Naloxone; with 10 successful reversals (one death predeceased the Naloxone intervention).

Other ongoing initiatives involve the Scottish Drugs Forum Critical Incidents Training Officer, whose remit is to deliver overdose prevention training to service users, carers and drug workers.

3.5. Social Background of target group

The information on income is derived from GAS data. Table 21 shows that just over 7/10 SDU clients are in receipt of state benefits, slightly lower than the figures for England and Wales. However the lower figure for Glasgow might be explained by the number of missing data.

Table 21: Income Source: Glasgow Senior drug Users 2006/07 - 2007/08

Age Band	2006/07				2007/08			
	All Benefits	Waged (with/without benefits)	(blank)	Grand Total	All Benefits	Waged (with/without benefits)	(blank)	Grand Total
35-39 years	1077	66	303	1446	1270	100	284	1654
40-44 years	639	29	207	875	866	46	189	1101
45-49 years	226	8	75	309	322	14	74	410
50-54 years	79	1	25	105	118	4	33	155
55-59 years	20	0	10	30	35	0	12	47
60-64 years	3	0	1	4	3	0	2	5
65+ years	0	0		0	3	0	1	4
Grand Total	2044	104	621	2769	2617	164	595	3376

Source: GAS careFirst

Employment

ISD data shows that Glasgow has a higher percentage of unemployed new SDU clients than the national figures (average 90% compared to 84% over the seven year period). Furthermore compared to the national figures, there are proportionately fewer SDU in Glasgow who are in some form of employment when entering treatment.⁹

⁹ As with the national figures caution should be used when comparing across years due to changes in recording.

Table 22: Senior drug users reporting to the Scottish Drugs Misuse Database (SDMD) by employment status; Glasgow City: 2000/01 to 2006/07

Year & Information available	Unemployed	Employed	Other
2000/01 (n= 473)	431 (91%)	38 (8%)	4 (1%)
2001/02 (n=656)	614 (94%)	32 (5%)	10 (2%)
2002/03 (n=672)	632 (94%)	36 (5%)	4 (1%)
2003/04 (n=930)	868 (93%)	57 (6%)	5 (1%)
2004/05 (n=891)	830 (93%)	56 (6%)	5 (1%)
2005/06 (n=864)	791 (92%)	70 (8%)	3 (0%)
2006/07 (n=812)	604 (74%)	80 (10%)	128 (16%)

Source: ISD

Similarly, GAS data shows between 92% and 97% of their caseload were recorded as unemployed, with 8% and 2% employed in years 2006/07 and 2007/08 respectively (see table 23). Less than 1% of SDU clients were reportedly in education or training.

Table 23: Employment status: Glasgow Senior Drug Users 2006/07 - 2007/08

ageband	2006/07				2007/08			
	Employed/ Self Employed	Education/ Training	Unemployed/ not seeking employment	Grand Total	Employed/ Self Employed	Education/ Training	Unemploy ed/not seeking employ ment	Grand Total
35-39 yrs	95	10	1039	1144	30	7	1042	1079
40-44 yrs	48	5	629	682	9	3	733	745
45-49 yrs	16		223	239	3		269	272
50-54 yrs	9		69	78	6		79	85
55-59 yrs			24	24		1	26	27
60-64 yrs			3	3			2	2
(blank)			0	0			3	3
Grand Total	168	15	1987	2170	48	11	2154	2213

Source: GAS careFirst

A core objective of GAS is to stabilise clients and move them into employment and training opportunities. GAS has developed an employability strategy which ensures that employability is fully embedded within assessment and care management practice. A key element of the strategy is to ensure that employability is discussed with every service user at the early stages of their entry to the service.

Housing

The majority of SDU GAS clients are in accommodation. While the proportion of homeless SDU has decreased over the two year period it is worth noting that the aggregate number has increased - possibly due to the closure of a number of hostels in the city. Excluding missing data, on average 37% of GAS clients reported living with someone (adults and or children) and 27% reported living alone.

Table 24: Tenure types: Glasgow Senior Drug Users 2006/07 - 2007/08

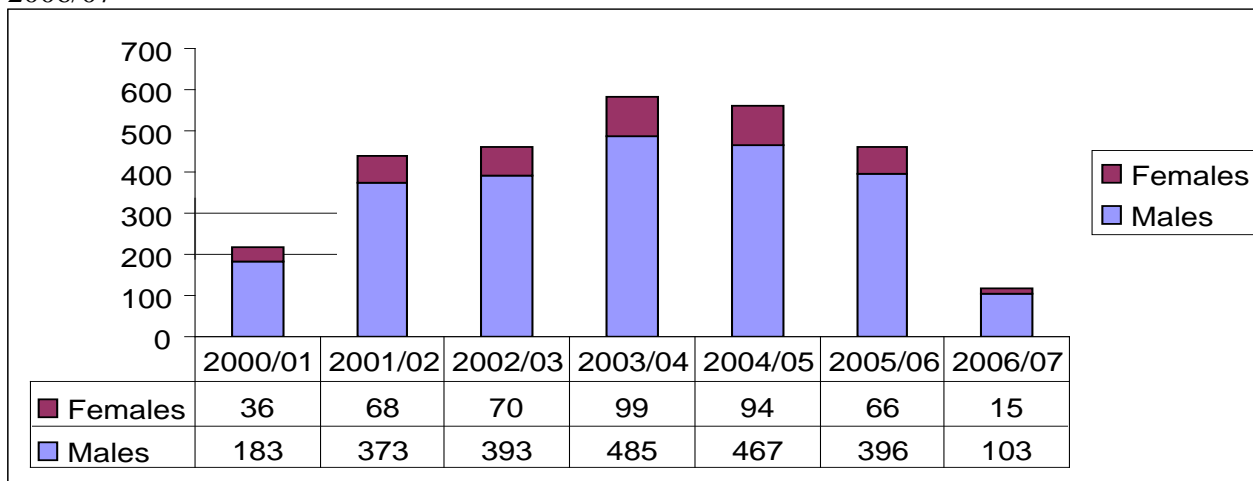
	2006/07 (N=1,443)	2007/08 (N=3,234)
In 'own' Accommodation	1132 (78%)	2886 (89%)
Homeless	187 (13%)	211 (7%)
Supported Accommodation	32 (2%)	33 (1%)
Temporary Accommodation	92 (6%)	104 (3%)

Source: GAS careFirst

Experiences with Imprisonment

As noted in the national report, ISD data on prison history should be treated with caution due to changes in recording. Both the national and local data shows increasing numbers of new clients reporting a previous prison history up to 2003/04. However, as shown in table 25, the numbers of SDU in Glasgow reporting whether previously in prison declines from this point onward (in contrast to the national figures).

Table 25: Senior drug users reporting whether previously in prison by gender: Glasgow City: 2000/01 to 2006/07



Source: ISD

3.6 Physical and mental health problems of target group

General Acute Hospital Discharges

Table 26 shows the numbers of SDU discharged from acute hospitals in Glasgow with a drug-related diagnosis have increased 36% from 405 to 551. Moreover the proportion of over 40s has increased from 25% of all SDU at the beginning of the period to 50% in 2006/07. Relative to all discharges, the proportion of SDU has risen from 37% (n=463/1,267) in 2003/04 to 49% (n=551/1,115) in 2006/07).

Table 26: Senior drug users discharged from acute hospitals in Glasgow City with a drug-related diagnosis, by gender and age group: 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07 ^P
Both sexes aged 35+	405 100%	415 100%	494 100%	463 100%	453 100%	509 100%	551 100%
Males	277 68%	302 73%	372 75%	346 75%	356 79%	380 75%	401 73%
Females	128 32%	113 27%	122 25%	117 25%	97 21%	129 25%	150 27%
35-39 yrs	302 75%	303 73%	315 64%	250 54%	267 59%	261 51%	277 50%
40-44 yrs	68 17%	82 20%	102 21%	140 30%	145 32%	149 29%	178 32%
45-49yrs	18 4%	30 7%	46 9%	38 8%	41 9%	55 11%	61 11%
50 yrs and over	17 4%	10 2%	31 6%	35 8%	53 12%	44 9%	35 6%

Source ISD (SMR01)

Table 27 shows the numbers of SDU discharged from acute hospitals with an opiate-related discharge have risen 84%, from 150 to 276. As with the previous figures there is an increase in the percentage of discharges among SDU aged 40 years and over, from 25% to 49% (numbers not shown to prevent disclosure).

Table 27: Senior opiate users discharged from acute hospitals in Glasgow City with an opiate-related diagnosis, by age group and gender: 2000/01 to 2006/07

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07 ^P
Both sexes aged 35+	150 100%	159 100%	188 100%	168 100%	200 100%	246 100%	276 100%
Males	101 67%	98 62%	95 51%	100 60%	127 64%	150 61%	189 68%
Females	38 25%	41 26%	43 23%	41 24%	47 24%	54 22%	71 26%
35-39 yrs	113 75%	101 64%	124 66%	90 54%	117 59%	131 53%	141 51%
40-44 yrs	26 17%	38 24%	41 22%	51 30%	57 29%	73 30%	90 33%
45-49yrs	x x%	14 9%	14 7%	11 7%	13 7%	27 11%	29 11%
50 yrs and over	z z%	6 4%	9 5%	16 10%	13 7%	15 6%	16 6%

Z – Fewer than 5 individuals in this category

X – Cell entry masked to prevent calculation of number less than 5

Source ISD (SMR01)

The numbers of senior poly drug users discharged from acute hospitals in Glasgow have increased from 1 in 2000/02 to 16 in 2006/07 (ISD).

Psychiatric Hospitals Discharges

The numbers of SDU discharged from psychiatric hospitals with a drug related diagnosis have remained relatively stable over the seven year period. The proportion of over 40s has increased from 43% to 52% over the six year period.

Table 28: Senior drug users discharged from psychiatric hospitals in Glasgow City with a drug-related diagnosis, by age group and gender: 2000/01 to 2005/06

	2000/01		2001/02		2002/03		2003/04		2004/05		2005/06 ^P	
Both sexes aged 35+	95	100%	104	100%	99	100%	85	100%	98	100%	111	100%
Males	43	45%	65	63%	62	63%	50	59%	57	58%	61	55%
Females	23	24%	26	25%	31	31%	27	32%	26	27%	33	30%
35-39 yrs	55	58%	62	60%	56	57%	36	42%	38	39%	53	48%
40-44 yrs	19	20%	29	28%	21	21%	23	27%	31	32%	28	25%
45-49yrs	10	11%	8	8%	16	16%	18	21%	15	15%	17	15%
50 yrs and over	11	12%	5	5%	6	6%	8	9%	14	14%	13	12%

Source ISD (SMR04): The total number of males and females differs from the total of both sexes due to the suppression of small numbers.

The numbers of SDU discharged from psychiatric hospitals in Glasgow with an opiate-related diagnosis have increased 95% over the period 2000/01 to 2005/06; from 19 to 37.

No data was available on psychiatric discharges for Glasgow SDU as there were only 24 patients in total during the years 2000/01 - 2005/06.

4. Conclusion

The national and local data show an increasing number of SDU entering, or in treatment. Nationally, the numbers of SDU accessing treatment have almost doubled between 2000 and 2007 (see appendix 1: table 29). Furthermore the proportion of SDU in relation to all new clients entering treatment has increased.

Over the period under study, the age profile of those who die from a drug related death has risen. Both nationally and locally the numbers of drug-related deaths (DRD) of SDU have increased (see appendix 1: table 30). In addition, the proportion of SDU deaths has increased in relation to the total number of DRD. As age increases, so too do the problems associated with continued opiate drug use. It is important therefore that SDU are encouraged to enter treatment and given appropriate support and that current national and local drug death prevention initiatives are targeted to the older clients in, or entering treatment.

It is encouraging that nationally and locally there is an increase in SDU who report 'never' injecting (see appendix 1: table 31). This is important as nationally, there are an estimated 50,000 individuals currently Hepatitis C antibody positive (HCV+) and it is estimated that 90% of infections were contracted through injecting drug use. In Scotland at time of diagnosis, 37% were aged over 35. Among HCV+ SDU, the majority (88%) are aged over 40. The Glasgow area has almost half of Scotland's HCV+ population, and SDU comprise 28% of the total locally. An additional £43 million over three years from the Scottish Government to tackle HCV has been put in place and Glasgow has initiated a series of programmes to increase testing, access to treatment and support.

There is a high level of unemployment among SDU generally, with the majority claiming welfare benefits. The majority of SDU in Glasgow and Scotland live in their own accommodation with about 1/10 reportedly homeless.

Many SDU have previous criminal convictions and experience imprisonment at some point in their lives. A Scottish Prisons Commission report (2008) suggested 70% of males had used drugs before going into prison and 90% of female prisoners have a drug and/or alcohol problem. Data from the 10th annual prison study suggests almost half of SDU had used illicit drugs before entering prison, and 65% of these had used heroin. Three-quarters of the respondents were willing to accept help both within and outside the prison. It is clearly important that this willingness to engage with services and support is acted upon, given that many are worried that their drug taking will continue to be a problem when they are released from prison, and the risk of overdose is increased for those released from prison.

It is also perhaps not surprising given their often lengthy drug history that the proportion of SDU admitted to both general acute hospitals and psychiatric hospitals with a drug-related diagnosis is increasing. The rise is particularly noticeable in the over 40s. This picture is consistent both nationally and locally. However as noted, under-reporting may mask an even greater prevalence.

Clearly, the age profile of problematic drug users is increasing and it is important that current treatment and support services take this factor into account. This situation, if it continues, will require national and local care providers, planners and commissioners to consider appropriate age-related services for older drug users.

Appendix 1.

Table 29: Senior drug users reporting to the Scottish Drugs Misuse Database (SDMD), Scotland and Glasgow: 2000/01 to 2006/07

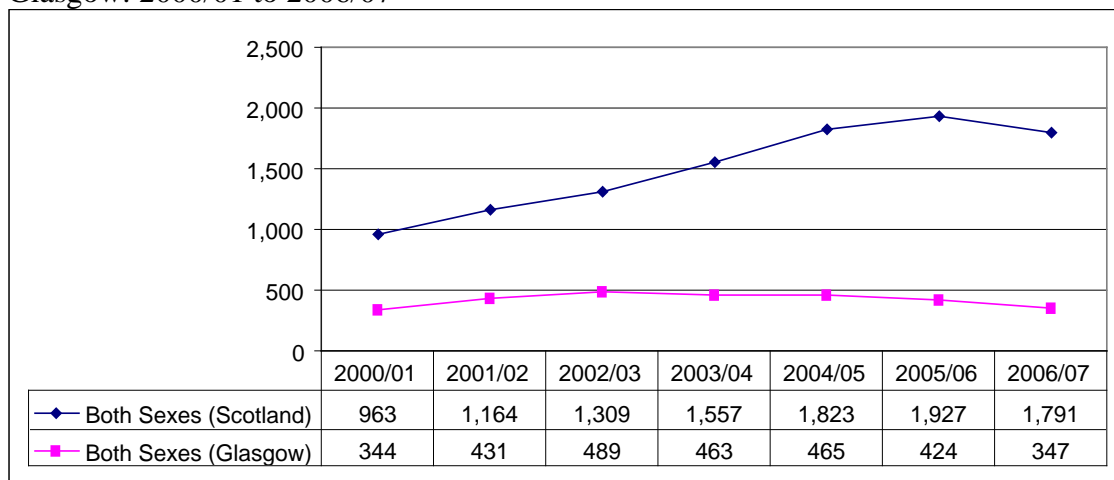


Table 30 : Drug Related Deaths, Scotland and Glasgow: 2000 to 2007

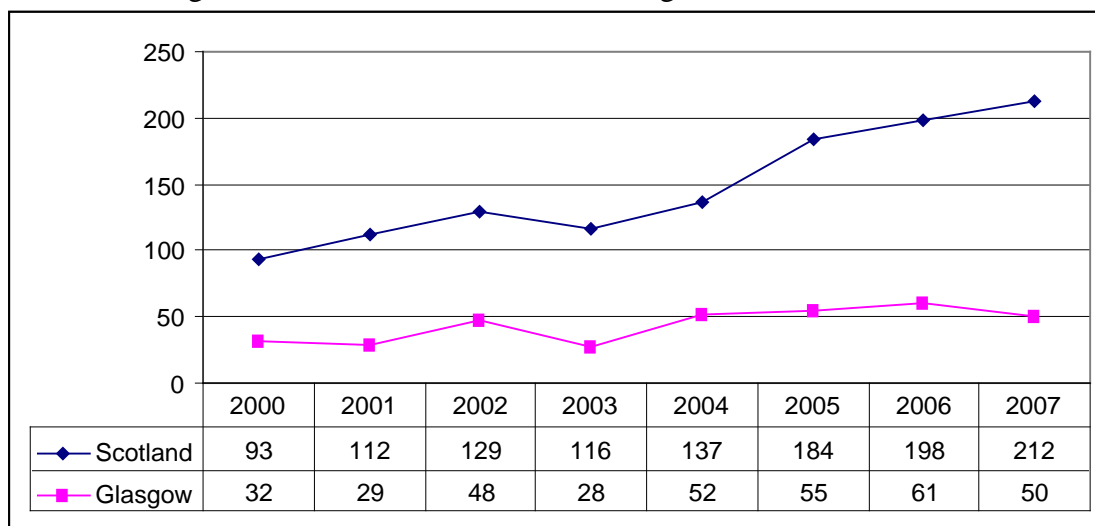
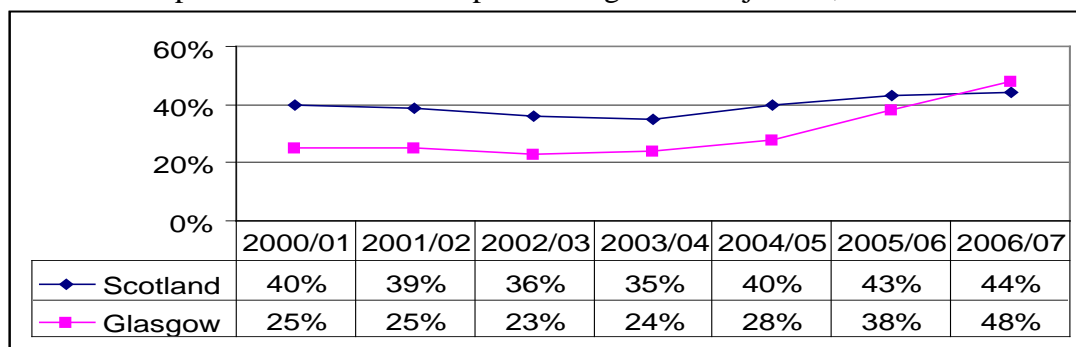


Table 31: Proportion of SDU who report having 'never injected', Scotland and Glasgow: 2000 to 2007



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