



ISFF

ScottishdrugsForum



Institute of Psychiatry and Neurology

Senior Drug Dependents and Care Structures

Scotland: Guidelines for Service Response

April 2010

Scottish Drugs Forum

These guidelines set out principles to assist those who plan, commission and deliver care for older drug users to think through the issues and enable them to apply professional expertise and judgment in the best interests of older drug users.

There is recognition that caring for older drug users requires highly skilled workers who can deal with the complexity of health and social care needs with which older drug users are likely to present. As the population of older drug users increases and ages so too does the need for greater understanding of the specific needs of this group. Ensuring quality of life and well-being is vital and includes addressing issues around general ill health and frailty. There is no doubt that providing the fundamentals of care in a skilled and caring way can make a huge difference to the outcomes and quality of life for older people with a drug problem.

The principles of fairness, respect, equality, dignity and autonomy, which underpin all international human rights instruments, resonate strongly with most people's core values. These principles have a central place in the relationship between those providing care and the people they care for and are embedded in this guidance.

The guidelines reflect the obligations placed on public authorities by the Human Rights Act 1998 which incorporated the European Convention on Human Rights into our law. The likely relevant Articles of the Convention are -

- Article 2 – the right to life
- Article 3 –the right to not be subjected to inhuman or degrading treatment

- Article 8 – the right to respect for private and family life, one’s home and correspondence

The general principles of providing quality care for those with drug problems were articulated in the 2006 National Quality Standards for Substance Misuse Services. Of course, these apply to all drug users irrespective of age; they should form a crucial touchstone in the further development of services. In addition, through the work of the SDDC project, additional specific guidance has been developed for the meeting the specific needs and characteristics of older drug users.

National Quality Standards for Substance Misuse Services

The standards are based on the same set of principles as the National Care Standards. They recognise that services must be accessible and suitable for everyone who needs them. They recognise that the experience of receiving services is very important should be positive and based on rights.

The main principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

Dignity

The right to:

- * be treated with dignity and respect at all times
- * enjoy a full range of social relationships.

Privacy

The right to:

- * have privacy and property respected
- * be free from unnecessary intrusion

Choice

The right to:

- * make informed choices, while recognising the rights of other people to do the same
- * know about the range of choices

Safety

The right to:

- * feel safe and secure in all aspects of life, including health and wellbeing
- * enjoy safety but not be over-protected
- * be free from exploitation and abuse

Realising potential

The right to:

- * maximize achievement;
- * make full use of the resources that are available
- * make the most of life.

Equality and diversity

The right to:

- * live an independent life, rich in purpose, meaning and personal fulfilment
- * be valued for your ethnic background, language, culture and faith
- * be treated equally and to live in an environment which is free from bullying, harassment and discrimination
- * be able to complain effectively without fear of victimisation.

Guidance derived from the Senior Drug Dependents and Care Structures in Europe project work

1 Need for future planning

The proportion of older drug users among problem drug users in Scotland continues to grow and will require careful planning to meet future needs as the population ages further.

Specialist services need not be set up to meet the specific needs of older drug users as their needs can be met by adapting existing non-age specific services.

However, the development of innovative treatment and psycho-social support approaches which might specifically benefit this population such as Housing First models (see Recommendation 4) and heroin prescribing for those who fail to engage with other services and age specific group work (See Recommendation 6) should be explored.

2 Social networks and isolation and mental health

Services and commissioners must take account of issues of isolation when planning and delivering services to older drug users.

Social networks and isolation

The breakdown of social networks and isolation is a major feature of older problem drug users as a group and these impact significantly on users well-being and their ability be motivated to change their behaviour.

Mental health

There is a significant level of mental health problems within the drug using population. These appear to be particularly acute for older problem drug users often linked to or exacerbated by isolation and loneliness. It is thought by services that a significant number of the drug related deaths may not be accidental overdoses but have a degree of intent.

3 Therapeutic Relationships

Services for older drug users should place greater emphasis on forming meaningful therapeutic relationships as these are particularly important for this age group.

Relationships

Given the high levels of isolation and loneliness among this population, it is evident that relationships between workers and users are of even greater significance than with younger users. For many individuals such relationships may be the most significant relationships in their lives.

Exploring opportunities to rebuild family ties

A significant proportion of older drug users are isolated and lonely, however services felt there was an opportunity to provide a role within families, for example caring for grandchildren.

Services should explore with older drug users if there are opportunities to re-engage with their families which could provide useful and supportive child care and reduce isolation.

4 Accommodation needs

The Housing First model being developed in Glasgow should be explored for other parts of Scotland beyond Glasgow.

The specific accommodation needs of older problem drug users require specific attention, for those who are:

- attempting to break away from their former drug using networks
- likely to continue using drugs and require accommodation with a tenure which is not threatened by their continued drug use.

5 Relapse and alternative coping mechanisms

Services should recognise the importance of relapse prevention when working with older drugs and encourage 'new coping mechanisms'.

Older drug users, due to the length of their drug problem have nearly all had periods of abstinence and stability followed by relapse or more chaotic use. It is not safe for services to assume that persons at the early stage of recovery are not at risk of relapse. Services report that older drug users have learned coping mechanisms for dealing with crisis and these tend to be drug use. The importance of providing new coping mechanism was highlighted such as support/peer groups, alternative therapies and talking therapies as well as other meaningful activity.

6 Individualised services

Services should be providing individualised services to all, with older users having a significant input to their treatment plan including substance prescribed and supervision arrangements.

Individualised services

Issues relating to drug users and substitute prescribing include issues of choice of substitute drug, dosage level, means of administration and supervision arrangements.

These have emerged as particularly important issues for older drug users who are likely to have had significant experience of different approaches over their years of receiving services. Improved user input is potentially easier for services to achieve with older drug users who are likely to have significant insight into their own problems.

It was consistently highlighted that the maturity of older drug users was potentially an asset which could perhaps be harnessed. It was felt that older long-term users were in most cases risk averse who took considerable care about keeping themselves safe – e.g. with regard to overdose or blood borne viruses.

It was also reported that they could act, and often did, as positive role models with younger less experienced users encouraging safer practices.

Gender-sensitive services

Gender emerges as a particularly important issue with older drug users. Workers felt strongly that women were inclined to rush through services while men on the other hand tended to move more slowly than necessary.

Services need to acknowledge these gender issues which appear to be particularly apparent with older users. This could involve ensuring the women are encouraged to look at taking small steps with realistic goals, while men should be encouraged to focus more on long-term goals.

7 Innovative treatment approaches

There is a need for services and planners to explore innovative approaches which might prove particularly attractive and relevant for older drug users as many have failed to engage with existing services.

Some examples of innovative approaches might include:-

Assertive outreach for those dropping out of services

There is an evidence base for prescribing of injectables including heroin for those who have found it difficult to move away from injecting particularly older users.

8 Physical Health

There is a need for services working with older drug users to ensure, as far as practicable, that an individual's general health care needs are met effectively.

Physical health

Services report significant evidence of major health impairment among older drug users which will get significantly worse over the coming years. In particular, blood borne viruses, respiratory and dental health problems.

Pain Management

As highlighted a range of physical health problem are becoming more apparent among older drug users. As part of this pain management emerges as a particular issue which does not appear to being dealt with effectively.

There is a need to improve pain management for older drug users.

The 'Orange Guidelines' should provide information for health staff regarding pain management and should be used as the basis of good practice. Awareness of these guidelines should be raised to improve compliance.

Home Care & Support

There will be an increasing proportion of older problem drug users who will require care at home as a result of impairment of physical health.

Services and particularly Community Services must start to plan for the care of problem drug users who are unable to leave their home – in particular home help services and the delivery of any substitute medication.

Diet and nutrition

This is reported as a significant issue among older drug users who in many cases give very little attention to diet and the nutritional value of what they eat.

9 Late onset injecting drug use

Services should not assume that older drug users all have a lengthy drug problem, greater than 15 to 20 years; although most will, there is a

significant proportion that have developed a drug problem later in life. The drug problem maybe less entrenched as a result and could necessitate different responses.

The study has identified that the late development of injecting drug use is a surprisingly common phenomenon with vulnerable adults developing drug problems later in life (over 40's).

10 Staff Training and Awareness

Training emerges as a significant issue if effective responses are to be delivered to the growing needs of older problem drug users over the coming years.

Services should develop and support staff so that their services can be more responsive to and understanding of the specific needs of older drug users.

Developing work force expertise

Clearly all drug service staff should have the ability and skills to work with older drug users, however in addition there may be members of staff who have a particular understanding, awareness and empathy with old drug users. Means should be found to share understanding and awareness.

Bibliography

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