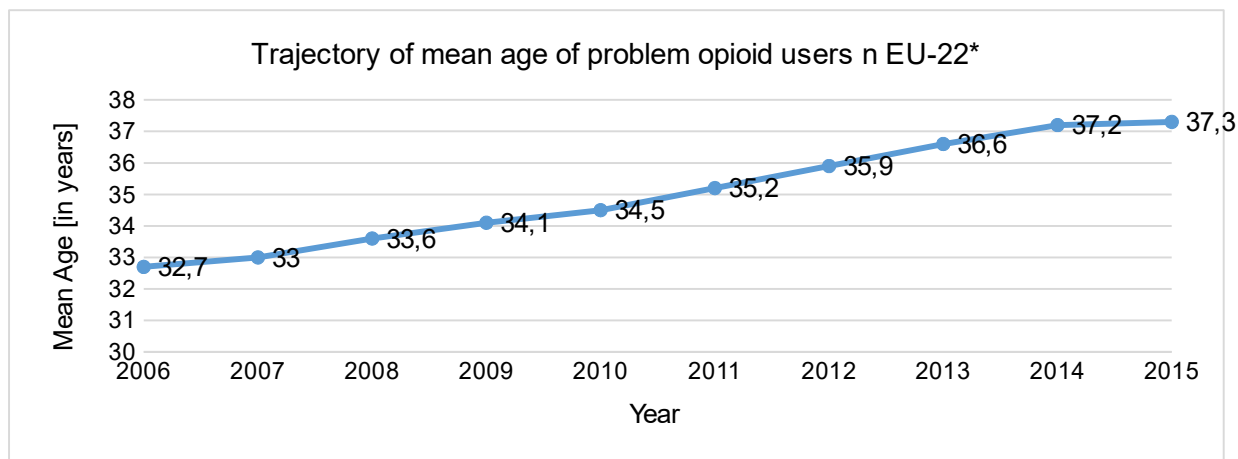


## Summary of the IO1 Assessment Report

In the European Union, there are around 510,060.000 people (15 to 64 years) and around 1,300.000 problem opioid users. This target group accounts to a small proportion of 0.4 % throughout European population (EMCDDA 2015). Opioids, mainly heroin, were reported as the primary drug by the great majority (65%) of elderly drug users (aged above 40 years) in the European Union in 2008 (EMCDDA 2010). The part of this 40 year-old and older opioid users is estimated through a sample from 2015 about 36.3% throughout Europe. While the proportion of opioid clients aged above 40 years entering treatment was one out of five in 2006, in 2015 there was already a proportion of two in five persons entering (EMCDDA 2017a).

Many long-term opioid users in Europe are ageing and in their 40s or 50s, the number of opioid users of 40 years and older is already representing a big part in most of the European countries and by virtue of the trajectory in the past and the expected 'over ageing' in the future, the number might increase. Some European countries are already reporting mean ages of 40 years and older for treatment entrants with opioids as the primary drug (EMCDDA 2015).

In the different EU-28 countries, the specific data about problem opioid users aged 40 years and more varies between very small percentages and very high ones. Most European countries are observing an increasing number of older drug users entering treatment. This has translated into this age group making up an increasing proportion of treatment entrants in most countries. The data from EMCDDA from 2008 (EMCDDA 2010) reported the treatment demand indicator on more than 450,000 drugs users entering treatment in specialised facilities – 82,000 were aged 40 years or older. On a European level, this age group represents between 1,6% and 28% of treatment entrants in the countries providing data.



**Figure 1:** Trajectory of mean Age of all Problem Opioid Users entering Treatment in EU-22\*  
(Data from EMCDDA 2015)

\*Shifts in the age structure over time of treatment entrants with opioids as primary drug. Only countries with at least 10 years of available data are included (in countries with only 10 years of data, data for most recent year available is copied).

On a European level the mean age of opioid users entering treatment increased from 32.7 years in 2006 up to 37.3 years in 2015.

There are 680,000 opioid users in opioid substitution treatment which means about 50% of all users. There is no data on European level about older (40 years+) opioid users in opioid substitution treatment (EMCDDA 2010, 2017a). In most European countries there is also no age-specific data existing. There is just punctual data in some of the countries or specific regions of these countries.

The European Union drugs action plan from 2009–2012 identifies a set of priorities to reduce the demand for drugs, prevention, treatment and harm reduction services. The aim of this drug action plan is to request the member states to enhance quality and effectiveness of such services also as taking account of specific needs (incl. those related to age). However, in 2010, no member states drug strategy or other national drug policy has yet created a strategy to deal with older drug users. In some European countries, older adults are listed as a vulnerable group for risk of alcohol and drug problems. This, however, mainly includes a misuse of over-the-counter medications. In general, a development of specific interventions and treatment for aging and older drug users has yet considered a priority (EMCDDA 2010). In the latest EU Action Plan on Drugs 2017-2020, ageing and drug use are also mentioned explicitly listed as part of drug demand reduction (1):

*Objective: Enhance the effectiveness of drug treatment and rehabilitation, including services for people with co-morbidity, to reduce the use of illicit drugs; problem drug use; the incidence of drug dependency and drug-related health and social risks and harms and to support the recovery and social re/integration of problematic and dependent drug users.*

*Action: 6 Develop and expand the diversity, availability, coverage and accessibility of evidence-based comprehensive and integrated treatment services. Ensure that these services address polydrug use (combined use of illicit and licit substances including psychoactive medicines, alcohol and tobacco) **and the emerging needs of the ageing drug-using population and gender-specific issues.***

(see European Union 2017) including some listed actions.

Within the debate of demographic changes in the society, questions surrounding ageing problem drug users are relevant but have not yet been raised in many member states. Some

specific points about the provision of welfare and the funding of care for the group of ageing drug users (EMCDDA 2010, 2013) need to be clarified.

Most European welfare systems are based on improving the financial situation of people in need or to improve their chances of employment or any other aspects, e.g. health or mental health. The social benefits in some countries are result-oriented so there is no right for people without employment experiences (which is particularly the case for long-term problem drug users) to be entitled to the highest level of financial support for health care. In some Member States, receiving financial support for medication could be a problem for ageing drug users. In some cases, the financial support for treatment is covered by pension funds. They operate on the principle, that the expenditure for drug treatment will be recovered by that person's future insurance by re-entering the labour market. Ageing drug users, a vulnerable group with a high need for support often have health and social comorbidities that make it difficult or almost impossible for them to re-enter the labour market. So, the continuous funding and treatment for older drug users provide a big issue among European stakeholders (EMCDDA 2017b).

It seems that the frame in the current European debate on how to motivate problem drug users to treatment, improving their welfare support, abstinence or entering rehabilitation programmes, especially when employment is unrealistic as for older drug users appears previously primary focussed upon the needs and situation of younger drug users. The existing welfare models and drug policies poorly serve the needs of these older drug users. Also, the principle of social integration through participating in the mainstream labour market requires a sufficient health of the individual. There is a need for alternative social reintegration policies and options to be developed for older drug users (EMCDDA 2013).

On a European level the changing demographic structure has implications for many policy fields in European countries, e.g. education, housing, medical sector and nursing. The need for medical treatment and health care, outpatient care, specialised housing, and mobility will be a major financial burden for European countries and municipalities in the future (EMCDDA 2013). In most European countries there are already policies and services targeting ageing problem users of legal substances like pilot projects for alcohol or medication abuse. Also, the issue of older people and alcohol and especially medial abuse and addiction is already part of the national drug action plans of a lot of countries in Europe. There are a lot of national drug strategies and coordination according to age and medications and also for older people and alcohol abuse. Also in some European countries there are stricter regulations for the prescription of benzodiazepines, tranquilizer etc. from a certain age limit. The aim of the European countries is to improve the availability of information to patients and prescribers, to support safer use of medications (Cerreta et al. 2012).

All in all, the questions surrounding the ageing drug users are as well relevant, but these have yet to be raised in many European countries.

## Literature

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