

Acknowledgements

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This report, along with previous NDTMS publications by The Centre for Public Health, Liverpool John Moores University, is available on the CPH website <http://www.cph.org.uk/substanceuse/ndtms/index.aspx?teamid=29>

The NDTMS regional team, based within the North West Public Health Observatory at the Centre for Public Health, Liverpool John Moores University, also produces monthly reports providing timely information from the NDTMS dataset, along with annual NDTMS reports. These reports are also available on the website.

The Centre for Public Health, Liverpool John Moores University would welcome feedback on the contents of the report. Any comments or queries should be directed to:

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The report provides information on the number of people aged 45 and over in contact with treatment by D(A)AT of residence, along with their demographic profile, the referral source into treatment and the type of intervention entered in comparison to those aged below 45. The report also offers comparison to previous years; 2003/04 and 2005/06 to investigate whether there has been a change in the number of older individuals in contact with treatment over time. Interrogation of NDTMS revealed that the number and proportion of individuals aged 45 and older has increased from 6.42% in 2003/04 to 10.10% in 2006/07. The majority of those aged 45 and over in contact with treatment were male. Whilst females in contact with treatment in 2006/07 were significantly younger than the male population, the proportion of females in contact with treatment increased with increasing age. The majority of those aged 45 and over stated the problematic use of heroin (72.09%), a higher rate in comparison to younger age groups (67.21%). Those aged 45 and over were also less likely to state the problematic use of both cannabis (10.59%) and cocaine (6.01%) in comparison to their younger counterparts (23.49% and 12.55% respectively). Older people in contact with treatment were less likely to have been referred into treatment via the Criminal Justice System (CJS) in comparison to those aged under 45, suggesting the decreasing relevance of the Drug Interventions Programme (DIP) with increasing age. At a D(A)AT level, the proportion of older individuals in contact with treatment appears to be dependent, in part, on the level of deprivation in an area, with urban areas with high levels of deprivation having a higher percentage of older people in treatment.

Data from population surveys suggest that the highest rates of alcohol and illicit drug consumption occur in people in their early 20s (UK Focal Point on Drugs, 2006). As people get older the prevalence and incidence of substance use decreases, with this effect being shown across studies in several different countries. The prevalence of drug misuse has been shown to steadily decline after the age of 40 in most long-term studies. Hser et al., (2001), reported a 33 year follow up study of heroin users, and found that by the age of between 50 and 60 only approximately half of the interviewees tested negative for heroin with overall results showing stable using patterns of the drug. However, over the final 10-year follow up period, approximately 7-9% of the original group used heroin on a daily basis, 2-3% engaged in occasional use and 20-22% reported abstinence. Nearly half of the sample were dead. Therefore, a typical drug-using career is perceived to end in middle age due to death, illness or natural recovery (Day and Best, 2006). However, this may not always be the case.

Harm reduction measures and treatment interventions such as methadone substitute prescribing, introduced into the UK in the 1980s in response to the opiate outbreak, may have prevented the deaths of these first wave of drug users. Beynon et al., (2007), in a study of attendance at treatment and syringe exchange services in Cheshire and Merseyside, found that the number aged 50-74 years increased between 1998 and 2004/05 (excluding steroid users). The median age of injectors in contact with syringe exchange programmes increased by almost eight years between 1992 and 2004 and the proportion of in treatment drug users aged 40-49 increased from 8.1% in 1998 to 19.6% in 2004/05. These findings have not been limited to the UK. The average age of opiate users is rising in a number of European countries. For example, 40% of new opiate clients in treatment in The Netherlands are aged over 40 years (Eaton et al., 2007). A growing older population in contact with drug treatment could have public health implications. As drug users age, their morbidity and mortality increase (Eaton et al., 2007). Long-term drug use has been found to lead to considerably higher morbidity than the general population in terms of lung and liver function (Hser et al., 2004). The high levels of chronic conditions as a result of long-term drug use could mean that the cost of an ageing treatment population could be considerable.

The National Drug Treatment Monitoring System (NDTMS)

The National Drug Treatment Monitoring System (NDTMS) collects data on all clients in contact with structured treatment services (i.e. high threshold tier 3 and 4 services as defined by the Models of Care, see National Treatment Agency (NTA), 2002). NDTMS figures are used as a key source for monitoring the number of people in contact with drug treatment services. The NDTMS collects data on all those in contact with treatment aged between 9 and 75. For reporting purposes, the Centre for Public Health, Liverpool John Moores University calculates age of an individual on the final day of the reporting period (31st March 2007). This is in contrast to the calculation of age by NDEC and the NTA.

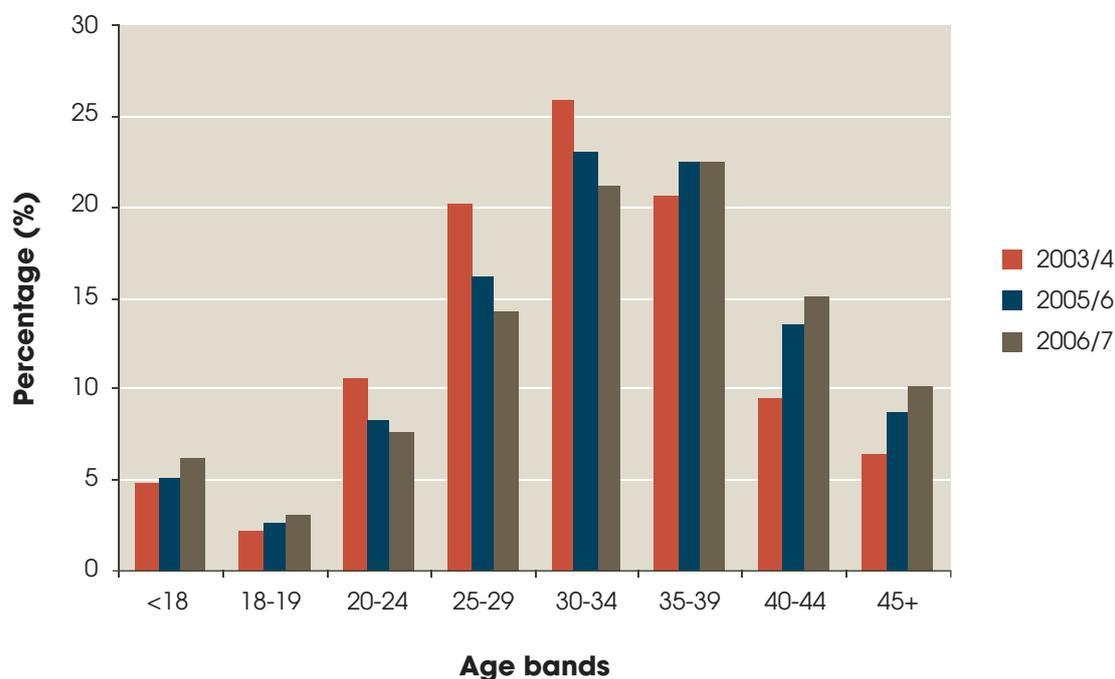
This report is the third in a series of themed reports for the 2007/08 financial year, based on the NDTMS North West regional

dataset by the Centre for Public Health, Liverpool John Moores University. This report is intended to be read in conjunction with Drug Treatment in the North West of England: Results from the National Drug Treatment Monitoring System (NDTMS) produced by the Centre for Public Health, Liverpool John Moores University (Khundakar et al., 2007).

Results

During 2006/07, there were 37396 individuals in contact with structured drug treatment services in the North West of England. Of these, 3776 (10.10%) were aged 45 and over. The number of those in treatment aged 45 and over has increased from 1773 in 2003/04. The proportion of those in treatment aged 45 and over has also increased in comparison to 2003/04 of 6.42%.

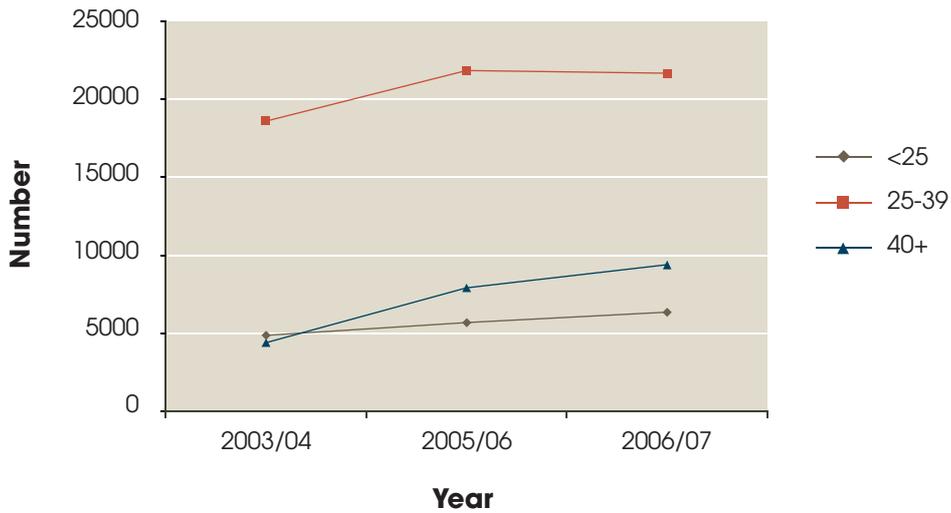
Figure one: Age distribution of clients in structured drug treatment in the North West, 2003/04, 2005/06 and 2006/07



There has been a decline in the proportion of those in contact with treatment between 2003/04 and 2006/07 aged 25-34. In contrast, the proportion of those in treatment aged 40 and over has steadily increased over the same time period. Figure two shows that, along with an increase in the proportion of those aged 40 and over between 2003/04 and 2006/07, the actual

number of those aged 40 and over has also increased from 4432 in 2003/04 to 9405 in 2006/07. Whilst year on year, the number of both under 25s and over 40s has increased, figure two shows that this increase has not been proportionate across the two age groups. The rate of increase in the under 25s has been slower than the increase in numbers of those aged 40 and over.

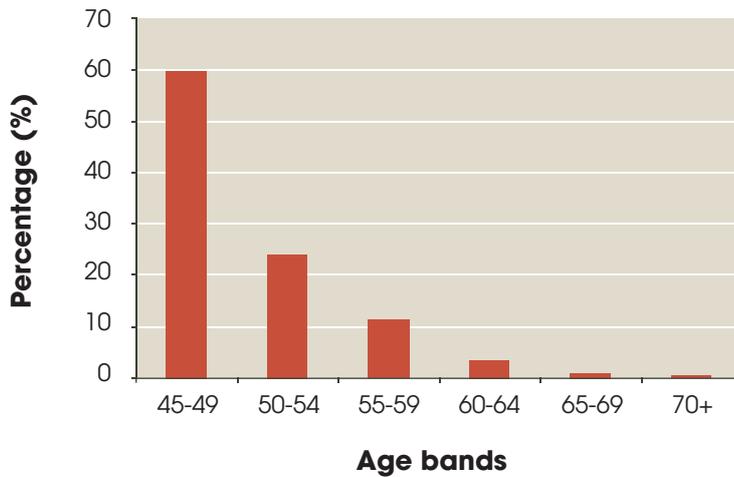
Figure two: Number of individuals in treatment aged <25, 25-39 and 40+ during 2003/04, 2005/06 and 2006/07



The majority of those in contact with treatment aged 45 and over were aged between 45 and 49 (n=2263, 59.93%), with 24.05% (n=908) aged between 50 and 54.

Figure three shows that only 0.45% of those in contact with treatment aged 45 and over were aged 70+.

Figure three: Age distribution of individuals in contact with treatment aged 45+, 2006/07



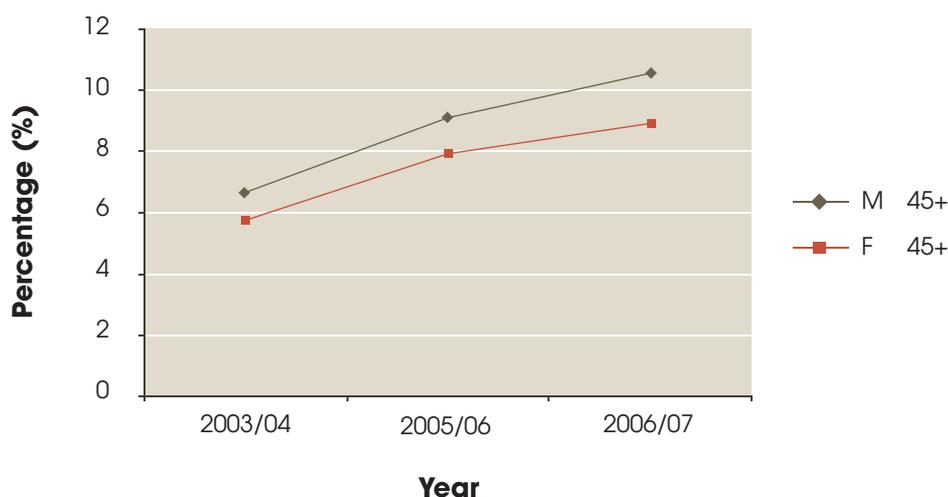
The majority of individuals aged 45 and older in contact with structured drug treatment during 2006/07 were male (n=2828,

74.89%). There were substantially higher proportion of males in the 45 and older age group in comparison to those aged under 45.

Table one: Gender of those aged <45 and 45+ in contact with treatment, 2006/07

Age Group	F	%	M	%	Total
Under 45	9697	28.84	23923	71.16	33620
45 and over	948	25.11	2828	74.89	3776
Total	10645	28.47	26751	71.53	37396

Figure four: Proportion of females and males in contact with treatment aged 45+ during 2003/04, 2005/06 and 2006/07



Whilst there were higher proportions of males aged 45 and older in comparison to younger age groups, table two shows that the proportion of females in contact with treatment in 2006/07 increased with increased age. Only 22.71% of those in contact

with treatment aged 45-49 were female. In contrast, 47.06% of those aged 70+ were female. Caution should be raised in the interpretation of figures in relation to those aged 65+ due to the low numbers in this age group.

Table two: Age distribution of those aged 45+ by gender, 2006/07

Age Group	F	%	M	%	Total
45-49	514	22.71	1749	77.29	2263
50-54	250	27.53	658	72.47	908
55-59	115	26.93	312	73.07	427
60-64	43	33.59	85	66.41	128
65-69	18	54.55	15	45.45	33
70+	8	47.06	9	52.94	17

Those aged under 45 were more likely to have entered a new treatment episode during the 2006/07 financial year in comparison to those aged 45 and over. Those aged 45 and over had also, on average, spent a longer time in

treatment in their latest treatment episode (mean length of time in treatment, 45.89 months) in comparison to those aged under 45 (mean length of time in treatment, 23.39 months).

Table three: Number and percentage of new and ongoing episodes of treatment (most recent episode of treatment) in <45s and 45+

Episode	<45s	%	45+	%
New	16421	48.84	1242	32.89
Ongoing	17199	51.16	2534	67.11
Total	33620	100.00	3776	100.00

Older individuals in treatment by D(A)AT of residence

Figure five reveals that the distribution of age ranges were not consistent throughout all North West D(A)ATs. Whilst only 5.44% of individuals in contact with treatment in Wigan D(A)AT were aged 45 or over, 13.54% of individuals in Liverpool D(A)AT were aged 45 and over. High rates of 45s and older were also found in Manchester, Sefton and Wirral D(A)ATs (12.56%, 11.20% and 13.06% respectively). This disparity in the level of older people in

contact with treatment dependent on D(A)AT of residence may be a reflection of the historical characteristics of drug use within different areas of the North West. Research suggests that central urban areas experienced an earlier epidemic of drug use in comparison to more rural areas. Drug use trends commonly emerge in urban centres and then diffuse to surrounding areas (McVeigh et al., 2003). This may explain why certain urban centres with earlier epidemics of drug use, such as Liverpool, Wirral and Manchester, now have an older treatment population in comparison to other areas that experienced a more recent wave of problematic drug use.

Figure five: Age bands by North West D(A)AT areas (ordered by level of deprivation), 2006/07

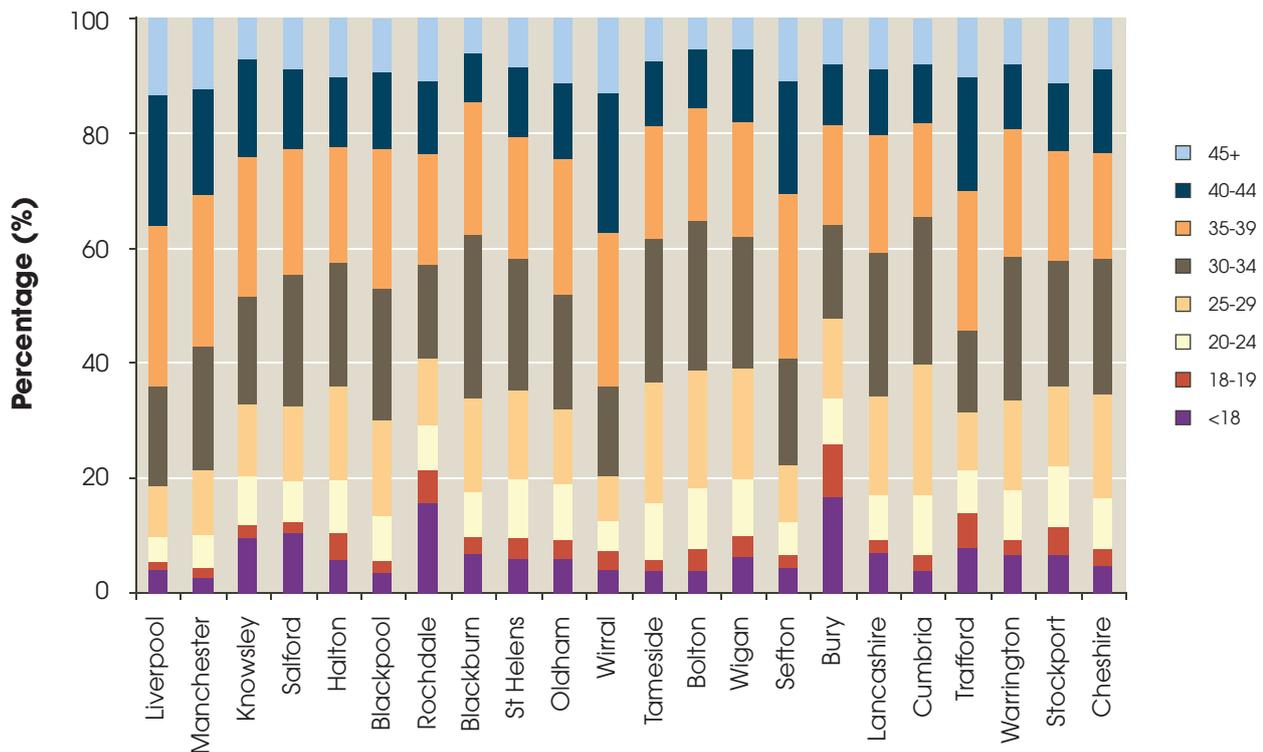
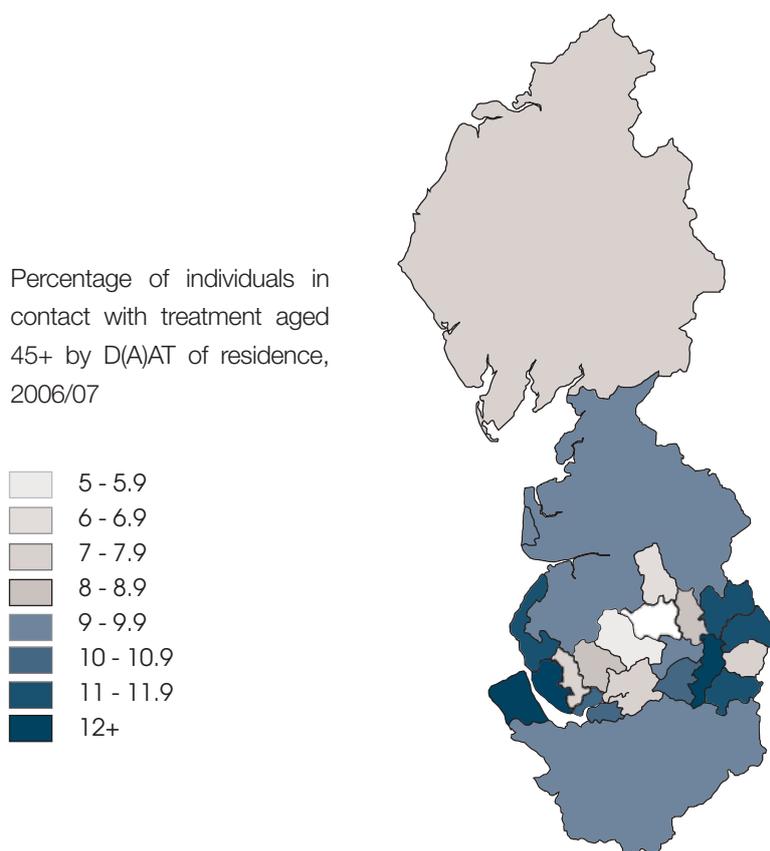


Table four: Number and percentage of <45s and 45+ by D(A)AT of residence, 2006/07

D(A)AT	<45	%	45+	%
Blackburn with Darwen	1020	93.66	69	6.34
Blackpool	1368	90.66	141	9.34
Bolton	1765	94.39	105	5.61
Bury	928	91.97	81	8.03
Cheshire	2122	90.88	213	9.12
Cumbria	1482	92.11	127	7.89
Halton	809	89.59	94	10.41
Knowsley	1138	92.60	91	7.40
Lancashire	4483	90.95	446	9.05
Liverpool	3512	86.46	550	13.54
Manchester	3160	87.44	454	12.56
Oldham	1000	88.73	127	11.27
Rochdale	1589	88.77	201	11.23
Salford	1121	90.84	113	9.16
Sefton	1371	88.80	173	11.20
St Helens	1032	91.25	99	8.75
Stockport	848	88.61	109	11.39
Tameside	1047	92.49	85	7.51
Trafford	632	89.77	72	10.23
Warrington	886	92.10	76	7.90
Wigan	1373	94.56	79	5.44
Wirral	2443	86.94	367	13.06

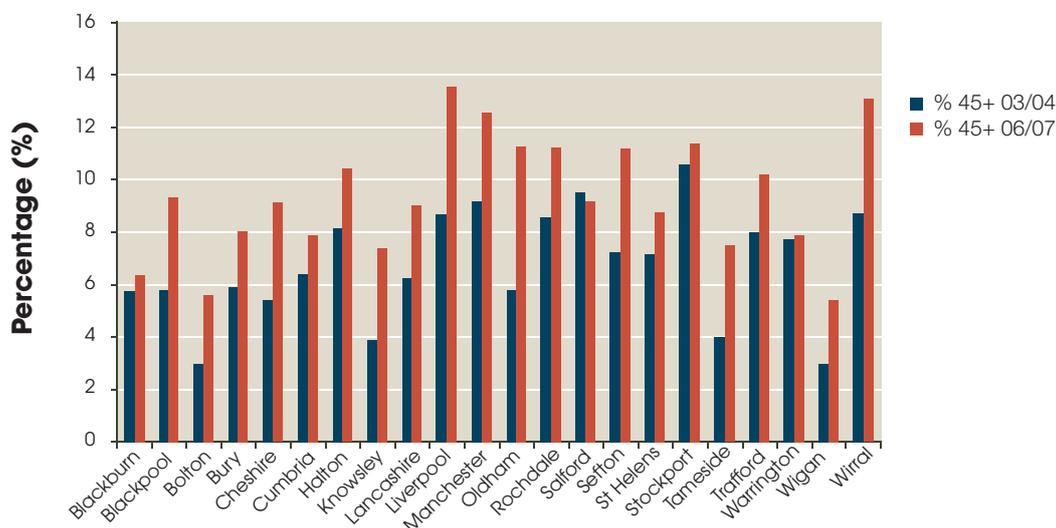
Figure six: Percentage of individuals in contact with structured drug treatment aged 45+ by D(A)AT of residence, 2006/07



Whilst virtually all D(A)ATs experienced an increase in the proportion of older people (45+), in treatment between 2003/04 and 2006/07, figure seven shows that this increase was not proportionate across all D(A)ATs in the North West. Liverpool, Oldham and Wirral D(A)ATs all experienced a substantial increase

in the proportion of 45 and over individuals between 2003/04 and 2006/07 (4.89%, 5.48%, 4.36% respectively). In contrast, Salford D(A)AT experienced a slight decrease in the proportion of 45 and older individuals during the same time period (-0.36%).

Figure seven: Percentage of individuals aged 45+ by D(A)AT, 2003/04 and 2006/07



D(A)ATs with a high level of deprivation, such as Liverpool and Manchester, had higher average ages of those in contact with treatment in comparison to those areas with relatively low deprivation, such as Cumbria and Lancashire. Sefton and Wirral D(A)ATs, whilst not having amongst the highest deprivation

scores in the North West, did have high average ages of those in contact with treatment. These areas have localities in the D(A)AT with relatively low deprivation within close proximity of geographical locations to areas of very high deprivation.

Table five: Average age of individuals in contact with treatment and deprivation score, by D(A)AT 2006/07

D(A)AT	Average age	Deprivation score
Blackburn with Darwen	32.06	32.28
Blackpool	33.72	33.91
Bolton	31.73	29.41
Bury	29.83	23.53
Cheshire	33.01	15.06
Cumbria	31.99	21.57
Halton	32.81	34.29
Knowsley	32.77	46.57
Lancashire	32.70	21.80
Liverpool	36.33	49.78
Manchester	35.57	48.91
Oldham	33.49	30.73
Rochdale	31.74	33.69
Salford	32.74	38.19
Sefton	35.27	26.12
St Helens	32.45	31.95
Stockport	32.61	18.06
Tameside	32.51	29.81
Trafford	33.67	20.15
Warrington	32.56	19.39
Wigan	31.68	29.26
Wirral	36.02	30.06

Drug use amongst older individuals in contact with treatment services

The NDTMS records the primary problematic drug of those in contact with drug treatment services, along with possible secondary and tertiary problematic substances. Of the 37396 individuals in contact with treatment, 21802 stated a secondary problematic drug and 7754 stated a tertiary problematic drug. Regionally, those aged 45 and over were more likely to state heroin as their primary problematic drug (68.72%) in comparison to those aged under 45 (63.36%). This was also the case with the

secondary (7.39%) and tertiary use (3.39%) of this drug. In contrast, those aged 45 and over were less likely to state the main problematic use of cannabis, cocaine and crack cocaine (3.87%, 2.25% and 2.52% respectively) in comparison to younger individuals in contact with treatment (12.71%, 6.72% and 2.71% respectively). Alcohol was more likely to be stated as a secondary or tertiary problematic substance by those aged under 45 in comparison to those aged 45 or over. This difference in stated alcohol use was mainly due to the proportion of individuals aged under 18 who stated this substance as a secondary or tertiary drug. Over a quarter of those stated alcohol as a secondary or tertiary drug were aged under 18.

Table six: Primary, secondary and tertiary problematic drugs of those in contact with treatment aged 45+, 2006/07

Problematic Drug	Drug 1 (%)		Drug 2 (%)		Drug 3 (%)	
	<45	45+	<45	45+	<45	45+
Alcohol	0.00	0.00	14.51	11.58	13.81	10.18
Amphetamines	3.92	4.09	4.69	5.49	5.55	5.54
Benzodiazepines	0.93	3.13	8.84	7.88	15.83	19.64
Cannabis	12.71	3.87	11.14	8.26	20.18	17.68
Cocaine	6.72	2.25	6.95	5.92	8.11	5.36
Crack	2.71	2.52	31.68	32.93	11.14	10.54
Heroin	63.36	68.72	6.34	7.39	2.63	3.39
Methadone	5.94	10.10	11.04	15.76	12.89	18.93
Other opiates	2.31	4.25	1.86	2.61	2.21	3.93
Other drugs	1.41	1.08	2.99	2.16	7.64	4.83

Whilst the NDTMS records the primary problematic drug of those in contact with treatment services, analysis of an individuals main drug does not reflect the fact that the majority of those entering drug treatment use more than one drug (EMCDDA, 2005). Therefore, analysis of the impact of drug use needs to take into account the complex picture of inter-related drug consumption. For this reason, the next section reports the drug profile of individuals (incorporating primary, secondary and tertiary drug) to gain better understanding of polydrug use in under and over 45s.

Individuals aged 45 and older were more likely to state the problematic use of heroin in comparison to those in younger age

groups (72.09% and 67.21% respectively). Amongst all age groups, those who reported the use of heroin were significantly older (mean age 35.58 years) in comparison to those who did not report the use of this drug (mean age 29.42 years of non heroin users, $t=63.83$, $p<0.01$). Conversely, those aged under 45 were more likely to state the use of cannabis (23.49%) in comparison to those aged 45 and over (10.59%). Those who reported the use of cannabis (mean age 26.71 years) were significantly younger in comparison to those who did not report use of the drug (mean age non cannabis users, 35.41 years, $t=-81.09$, $p<0.001$). Problematic cocaine use in under 45s (12.55%) was also higher in comparison to 45s and over (6.01%).

Figure eight: All stated problematic drug use of individuals aged <45 and 45+ in contact with treatment services, 2006/07

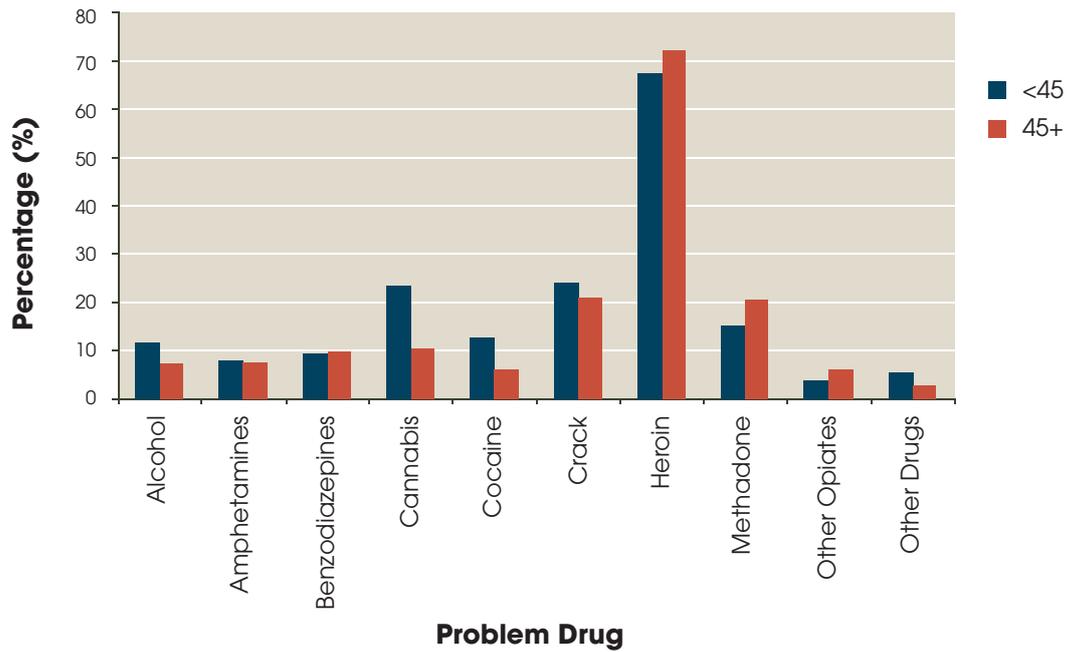


Figure nine: Stated problematic drugs by individuals aged 45+ by D(A)AT, 2006/07

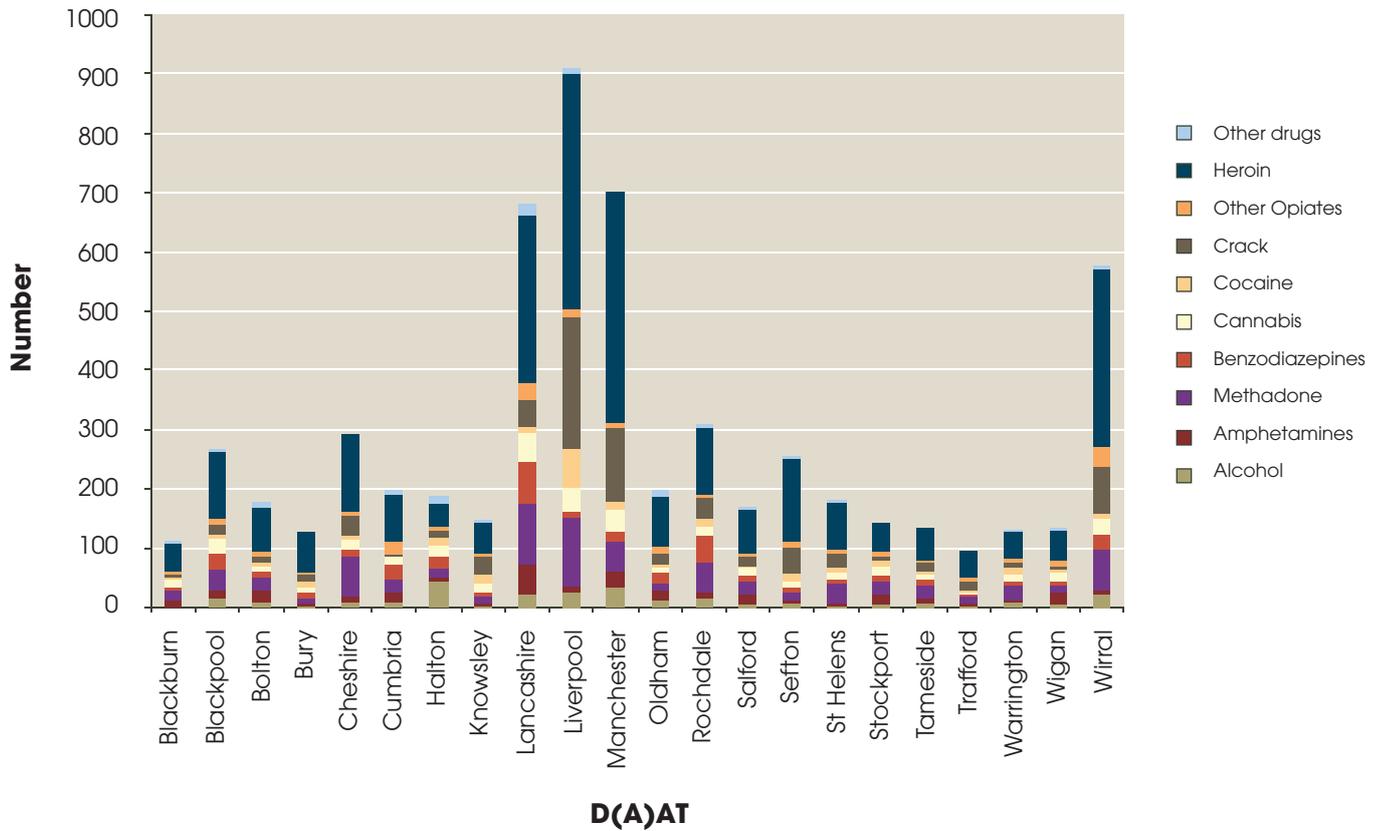


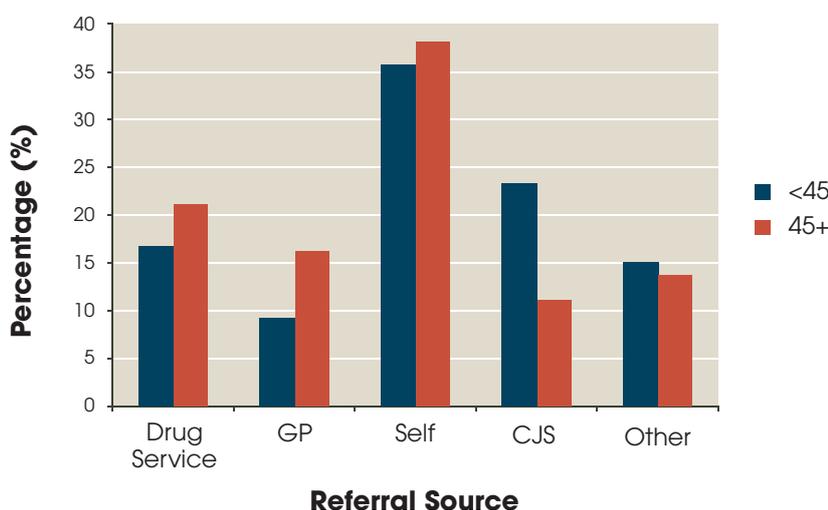
Figure nine shows that there were variations in the levels of problematic use of various drugs in those aged 45 and over dependent on D(A)AT of residence. In Sefton, only 15 individuals (8.98%) stated the problematic use of methadone, in contrast to the high proportion of use of this drug in Cheshire, St Helens and Warrington (31.10%, 34.34% and 31.58% respectively). The problematic use of heroin amongst older individuals was low in Halton (n=36, 38.30%) in comparison to other D(A)AT areas such as Bury, Manchester, Sefton and Wirral (83.54%, 86.64%, 85.03% and 81.97% respectively).

Referral sources into treatment

During 2006/07, each individual in treatment (n=37396) may have received one or more treatment episodes at one or more agency of treatment. In turn, each agency may have provided the individual with one or more modality of treatment. Therefore, to provide the fullest possible understanding of the ways in which people are referred into services, the types of treatment provided and the outcomes of individuals in services, results for each recorded episode are provided here.

In this section of the report, all episodes of treatment are recorded, regardless of whether an individual entered treatment on more than one occasion over the year (n=52898 including double counting). Of these episodes, 4812 involved individuals aged 45 and older. The most common referral source into treatment amongst older individuals was self-referral (38.02%), a slightly higher proportion than was found in the younger cohort (35.77%). Drug service and GP referrals (21.08% and 16.13% respectively) were also more common in the 45 and older age group in comparison to those aged under 45 (16.71% and 9.19% respectively). The proportion of referrals from the Criminal Justice Services (CJS) were lower in 45 and older (11.11%) in comparison to younger counterparts (23.26%). Those referred via the CJS were significantly younger (mean age 30.87 years) than those referred via drug services (mean age 35.53 years $t=40.15$ $p<0.001$) and GPs (mean age 36.89 years, $t=40.15$ $p<0.001$). Older drug users are known to commit less crime than their younger counterparts (Gossop et al., 2006), possibly because they believe that criminal behaviour is too physically demanding, difficult or risky, or that the penalty of incarceration is too great (Levy and Anderson, 2005). Analysis of referral source into structured treatment suggests that older individuals benefit little from criminal justice initiatives.

Figure 10: Referral source of those in contact with drug treatment in the North West aged <45 and 45+, 2006/07



Modalities of treatment

During 2006/07 a proportion of those in contact with treatment accessed numerous types of interventions (e.g. receiving a prescription and receiving counselling). The following section details the adult modalities of treatment entered during 2006/07.

Over half the modalities of treatment amongst older individuals involved a specialist prescribing intervention (51.74%), slightly higher than the proportion in under 45s (48.25%). Individuals aged 45 and over were also slightly more likely to have a GP prescribing intervention (16.55%) in comparison to younger individuals (10.78%).

Figure 11: Adult treatment modalities for individuals aged <45, 2006/07

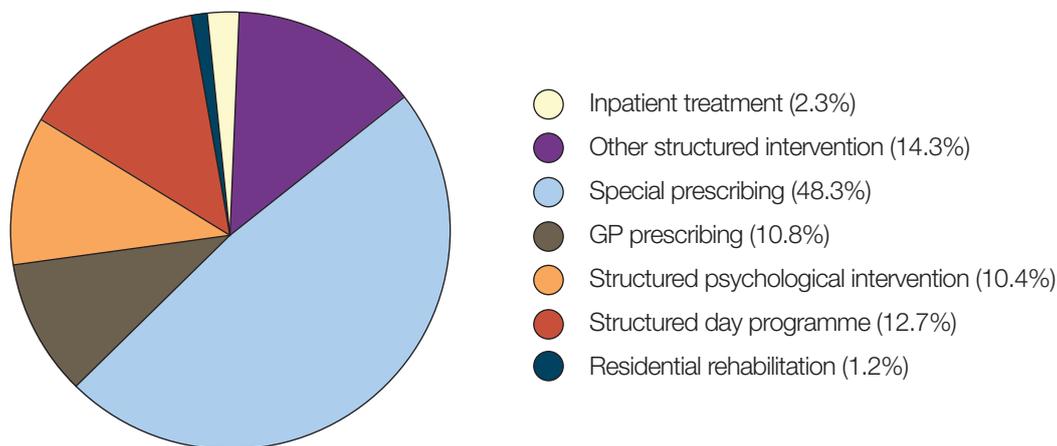
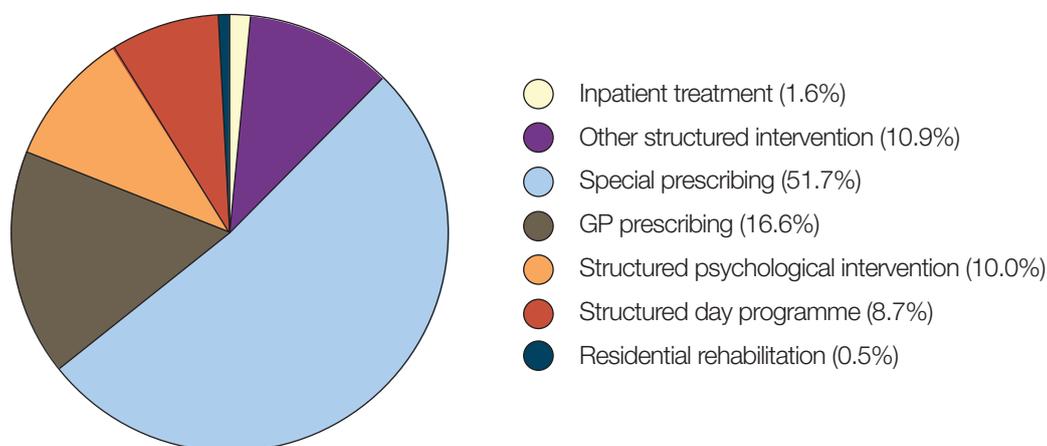


Figure 12: Adult treatment modalities for individuals aged 45+, 2006/07



Treatment outcomes

The following section details the discharge reasons for individuals exiting their final episode of treatment during 2006/07. The majority of individuals age 45 and older were still participating in treatment at the end of the financial year (n= 2795, 74.0%). There were a higher proportion of older people still engaged in treatment at the end of 2006/07 in comparison to those aged under 45 (n= 21497, 63.90%). Table seven shows the discharge reasons for those exiting their final episode of treatment in 2006/07.

Individuals exiting their final episode of treatment during 2006/07 aged 45 and older were slightly more likely to have a successful treatment completion in comparison to their younger counterparts. The difference in the proportion of planned and unplanned discharges between older and younger age groups was pronounced when only 25-44 year olds were considered. Amongst 25-44 year olds only 38.6% final treatment outcomes resulted in a planned discharge, in comparison to 43.9% of 45+ outcomes.

Table seven: Planned and unplanned outcomes for individuals aged <45 and 45+ (latest episode of treatment), 2006/07

Treatment outcome	<45	%	45+	%
Planned	4615	41.48	396	43.85
Unplanned	6511	58.52	507	56.15

When treatment outcomes were considered, it was found that those aged 45 and older were less likely to have a treatment outcome of 'Prison' (3.91%) in comparison to their younger counterparts (8.04%). As with referral source into treatment, this would suggest that older individuals have less contact with the criminal justice system in comparison to those aged under 45 and, therefore, would benefit little from drug interventions within criminal justice

services. Whilst the number of 45 and older individuals discharged as 'prison' was lower than those aged under 45, the overall prison population is, in general, younger than 45. The average (median) age of those received under immediate custodial sentence in 2005 was 27 (RDS NOMS, 2005). In contrast, older individuals were more likely to exit their final episode of treatment due to death (4.44%) in comparison to their younger counterparts (0.83%).

Table eight: All treatment outcomes for individuals aged <45 and 45+ (latest episode of treatment), 2006/07

Treatment outcome	<45 (%)	45+ (%)
Treatment complete drug free	10.03	10.89
Other	4.27	4.55
Treatment declined	0.91	0.32
Inappropriate referral	0.18	0.21
Treatment complete	15.16	15.64
Treatment withdrawn	3.53	3.49
No appropriate treatment	1.22	1.48
Referred on	14.52	15.33
Dropped out	38.01	36.89
Moved away	3.31	2.85
Prison	8.04	3.91
Died	0.83	4.44

Conclusions

The number, and proportion, of individuals in contact with structured drug treatment services aged 45 and older has increased between 2003/04 and 2006/07. Older individuals in contact with treatment in 2006/07 were more likely to have been in a treatment episode that had begun before the start of the financial year and had, on average, spent a greater amount of time in their treatment episode in comparison to those aged under 45. Individuals aged 45 and older were also less likely to have a treatment completion from their final episode of treatment within 2006/07 in comparison to their younger counterparts. Older individuals were more likely to state the problematic use of heroin in comparison to their younger counterparts. This ageing,

mainly heroin using, long term treatment population may have implications for future public health policy in the area, as there may be changing requirements within the client group. As drug users age, their morbidity and mortality increase as deaths from chronic conditions are added to overdoses and external causes such as suicides and violence (EMCDDA, 2005). Therefore, the cost of an ageing treatment population may be considerable due to chronic physical and psychological poor health caused by long term drug use (Beynon et al., 2007). Whilst the proportion of those aged 45 and older in contact with treatment was higher in some D(A)ATs than others, an ageing drug treatment population is an issue for all North West D(A)ATs and PCTs in the future, as shown by the increase in average age of those in treatment in virtually all areas.

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