

The ageing population of people who inject drugs: Findings from the 2000-2021 Illicit Drug Reporting System.

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Introduction

Research demonstrates that there is an increasing population of people who inject drugs (PWID) who are 50 years or older.¹

Recent advances in medicines, harm reduction, and drug treatment therapies has meant that the population demographic and health characteristics of older PWID has likely changed over time.

In recognition that concurrent aging and drug use will create distinctive health needs and barriers to accessing essential health services, harm reduction and health advocates have called for specialised interventions and care for older PWID.² However, the available research on older injecting drug users shows how little we understand about their unique population characteristics and health needs.

Aim

This poster aims to collate and analyse data regarding PWID who are 50 years or older from the Illicit Drug Reporting System (IDRS). Specifically, we aim to examine:

- The per cent of the IDRS sample who were 50 years or older, from 2000-2021.
- The demographic, drug use, injecting risk behaviour, and health profile of older participants in 2011 and 2021.

Methods

The IDRS is a national survey of people who regularly inject drugs that has been running annually since 2000. Participants are recruited from each Australian capital city.

This poster utilizes questions regarding demographic characteristics, drug use behavior, access to harm reduction and treatment programs, and mental and physical health, in 2011 and 2021.

Descriptive statistics were used to examine the percentage of PWID who are 50 years or older from 2000 to 2021.

Regression analyses were used to determine statistical significance with older age and:

- The demographic and health characteristics of older participants in the 2011 and 2021 IDRS sample. The demographic characteristics analysed included gender; current housing situation (incl. experience of unstable housing or living in own home); completion of year 12; completion of a post-school qualification (incl. university, college, trade, or technical qualifications); and drug injected most often in the last month.
- Current opioid agonist treatment (OAT);
- Past month receptive or distributive needle sharing;
- Diagnosis of a chronic health condition;
- Lifetime access of take-home naloxone or completion of training (incl. brief advice, brief education or more extensive training)
- Overdose from any drug in the last 12 months.
- Past month 'high' or 'very high' psychological distress, measured using the Kessler-10 (K-10) psychological distress scale.

References

¹ Heard S., Iversen J., Geddes L., Kwon JA and Maher L. (2020) Needle Syringe Program National Minimum Data Collection: National Data Report 2020. Sydney: Kirby Institute, UNSW.

² Australian Injecting & Illicit Drug Users League (AVIL). (2019). A hidden population: Supporting healthy ageing for people who inject drugs and/or receive pharmacotherapies. Sydney: AVIL.

Figure 1: Per cent of IDRS participants who were 50 years or older, from 2000-2021.

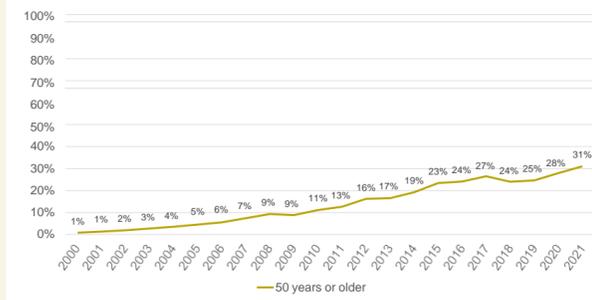


Table 1a: Characteristics of PWID in 2011, stratified by age group.

2011	49 years and under (N=759) % (n)	50 years and over (N=109) % (n)
Current OAT treatment	50 (377)	40 (44)
Any needle sharing (inc. receptive or distributive) in past month	22 (166)	11 (12)
Diagnosis of chronic health conditions		
Lifetime diagnosis of any chronic health condition (excl. HIV and current HCV infection)*	/	/
Current HIV+	-	0
Current HCV+	79 (84)	94 (17)
K-10 Score		
'High'/'very high' psychological distress score (K10≥22)	61 (430)	48 (47)
Ever participated in or accessed naloxone*	/	/
Overdose from any drug in the last 12 months	15 (109)	14 (15)

Table 1b: Characteristics of PWID in 2021, stratified by age group.

2021	49 years and under (N=759) % (n)	50 years and over (N=109) % (n)
Current OAT treatment	31 (192)	32 (88)
Any needle sharing (inc. receptive or distributive) in past month	16 (94)	5 (14)
Diagnosis of chronic health conditions		
Lifetime diagnosis of any chronic health condition (excl. HIV and current HCV infection)	37 (226)	57 (155)
Current HIV+	3 (16)	6 (13)
Current HCV+	8 (51)	9 (24)
K-10 Score		
'High'/'very high' psychological distress score (K10≥22)	64 (367)	49 (129)
Ever participated in or accessed naloxone	45 (275)	49 (134)
Overdose from any drug in the last 12 months	19 (144)	15 (40)

Note: *Lifetime diagnosis of a chronic health condition, and naloxone access/participation, were not asked in 2011. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years.

The Difference is Research



In 2021, older PWID were found to be less likely to report poor mental health and engage in needle sharing compared to young PWID.

Results

In 2011, older age was not significantly associated with any of the demographic characteristics analysed.

However, compared to younger PWID, older PWID in 2021 were more likely to:

- Identify as male (74%; n=203; OR 1.745; 95% CI 1.28-2.39).
- Live in their own home (incl. renting) (80%; n=220; OR 2.641; 95% CI 1.89-3.70).
- Nominate heroin (41%; n=112; OR 1.522; 95% CI 1.32-2.05) to be the drug injected the most often in the last month.

While in 2021 the largest proportion of older PWID reported crystal methamphetamine (44%; n=120) to be the drug they injected the most often in the last month, they were less likely to nominate crystal methamphetamine compared to younger participants (OR 0.645; 95% CI 0.48-0.86).

Our adjusted regression analysis confirmed that older PWID were significantly less likely to report any needle sharing compared to younger PWID in 2011 (AOR 0.442; 95% CI 0.24-0.83) and 2021 (AOR 0.351; 95% CI 0.19-0.65).

Older participants were also significantly less likely to score a 'high' or 'very high' K-10 distress score compared to younger participants in 2011 (AOR 0.589; 95% CI 0.39-0.90) and 2021 (AOR 0.691; 95% CI 0.50-0.95). Factors adjusted for in the regression analysis included gender, overdose from any drug in the last year, being a victim of violent crime in the past month, committing a crime in the last month, current unemployment, living in unstable housing, and heroin nominated as the drug injected the most.

Our analysis did not find HCV positive status, current OAT, accessing naloxone or completing the training programs, or experiencing an overdose on any drug in the last 12 months to be significantly associated with older age in 2011 or 2021 in the adjusted regression model.

Implications/Conclusions

The gradual increase overtime in the per cent of PWID who are 50 years or older within the IDRS sample is consistent with broader research which indicates that PWID are an ageing population.

The reduced likelihood of older participants to report needle sharing or receive a 'high' or 'very high' K-10 score highlights the unique strengths of older PWID. These strengths may support older participant's in managing their health and wellbeing despite the challenges created by concurrent aging and drug use.

While studies have largely focused on understanding older PWID's specific health and service needs, future research would benefit from focusing on the strengths of older PWID to assist specialized services in delivering strength-based programs to their older clients.

Acknowledgements and more information

The Illicit Drug Reporting System (IDRS) is funded from the Australian Government under the Drug and Alcohol Program. We would like to thank the participants who contributed shared their experiences in the present and in previous interviews. For more information, please email u.chandrasena@unsw.edu.au