



Project Meeting Prague

IO1 Assessment

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ON BEHALF OF FRANKFURT UAS



Current Status

- Assessment matrix was fully evaluated
- Experts have been interviewed, Interviews were fully evaluated in a matrix
 - Experts:
 - Abrigado, LUX
 - Ministry of Public Health, NL
 - Drobs Bielefeld, GER
 - Drug Aid Vienna, AUS – in writing
 - Possible expert interview Latvia could still be pending



Current Status

- Data Collection and Desk Review are not fully completed yet
 - At some points of the Assessment Report, there is still a lack of data

- First draft was sent to project partners
 - Review project partners today and until 24th of November 2017 (if possible)
 - Second, reviewed version is planned until 4th of December 2017

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2. Results

2.1 Desk Review and Data Collection

2.1.1 Problem Opioid Use

*Overview: Problem Opioid Use in
Europe (EU-28)*

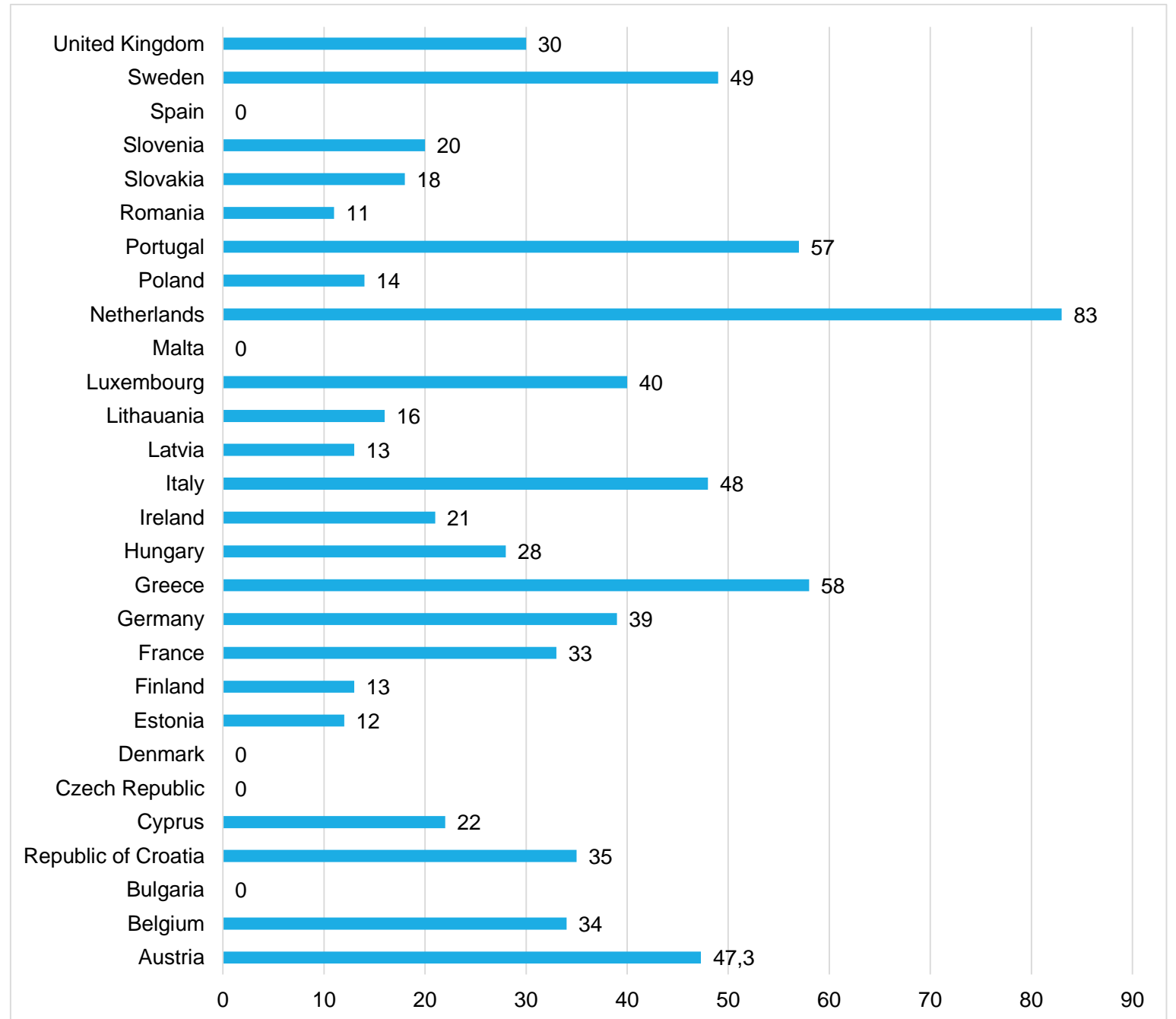
Country	Year of data	Total Country Population (15-64 years)	Problem Opioid Use	Problem Opioid Use over age of 40 years
Austria	2015/2016	5.767.133	0,5%	47,3%
Belgium	2015	7.295.584	n.d.	about 34%*
Bulgaria	2015	4.763.637	n.d.	n.d.
Republic of Croatia	2015/2016	2.809.119	0,14%	35%
Cyprus	2015	584.081	0,2%	about 22%*
Czech Republic	2015	7.056.824	0,2%	n.d.
Denmark	2015	3.645.939	n.d.	n.d.
Estonia	2015	858.563	n.d.	about 12%*
Finland	2015	3.483.757	0,4%	about 13%*
France	2015	41.896.237	0,5%	about 33%*
Germany	2016/2017	53.422.103	0,3%	about 39-40%*
Greece	2015/2016	7.011.027	0,2%	58%
Hungary	2016/2017	6.664.153	0,04%	about 28%*
Ireland	2010/2015	3.003.481	n.d.	about 21%*
Italy	2015	39.193.416	0,5%	about 48%*
Latvia	2015	1.303.300	0,5%	about 13%*
Lithuania	2015	1.948.685	n.d.	about 16%*
Luxembourg	2015	389.371	n.d.	about 42%*
Malta	2015	288.403	0,6%	n.d.
Netherlands	2016	11.065.975	0,1%	83%
Poland	2015	26.431.118	0,06%	about 14%*
Portugal	2015	6.779.414	0,5%	about 57%*
Romania	2015	13.414.063	n.d.	about 11%*
Slovakia	2015	3.834.289	n.d.	about 18%*
Slovenia	2015	1.389.178	0,4%	about 20%*
Spain	2014/2015	30.808.472	0,21%	n.d.
Sweden	2015	6.152.438	n.d.	about 49%*
United Kingdom	2010	41.898.460	0,8%	34%

2. Results

2.1 Desk Review and Data Collection

2.1.1 Problem Opioid Use

Percentage of Problem Opioid Users over 40 years [%]

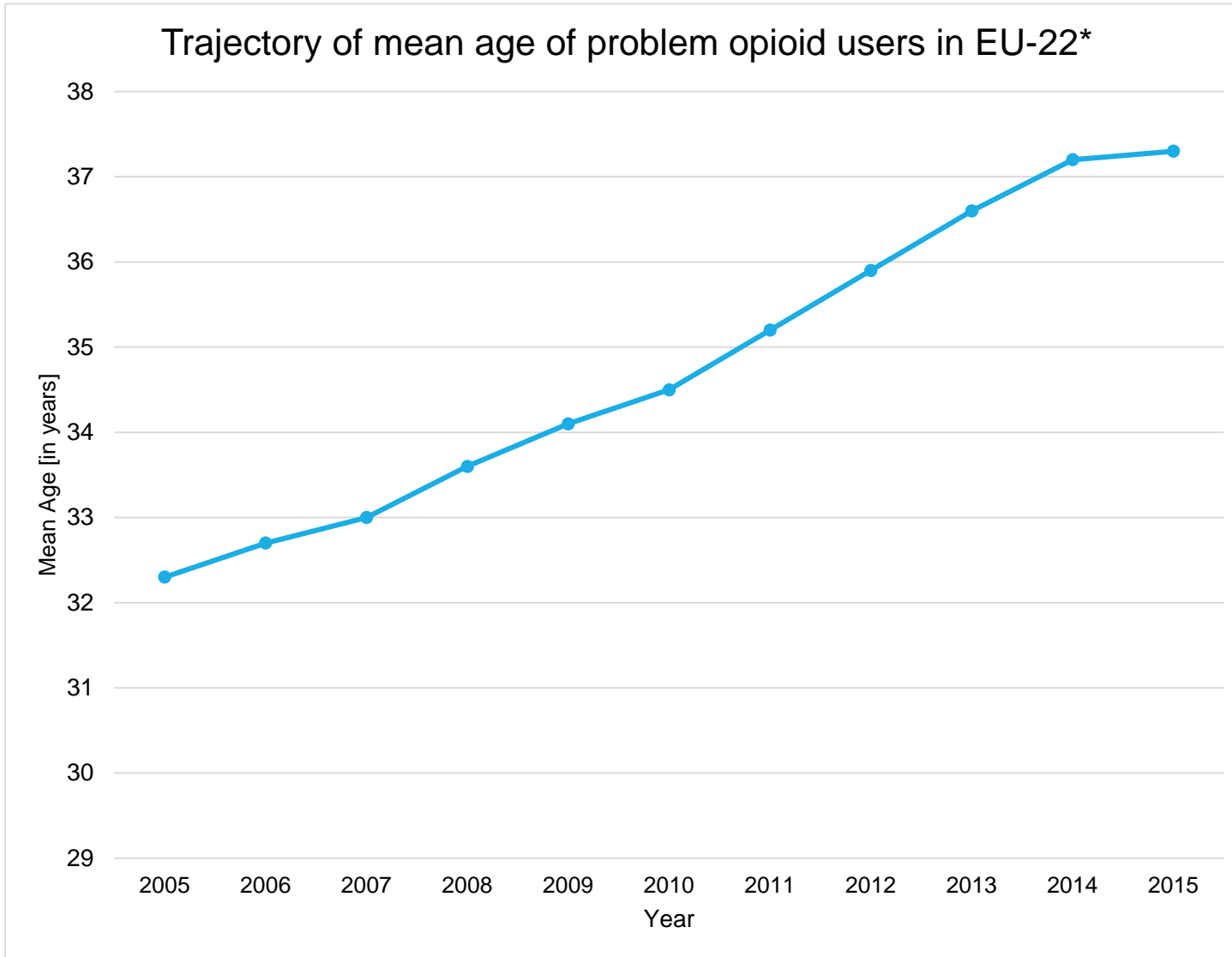


2. Results

2.1 Desk Review and Data Collection

2.1.3 Trajectory of ageing Drug Users

*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).



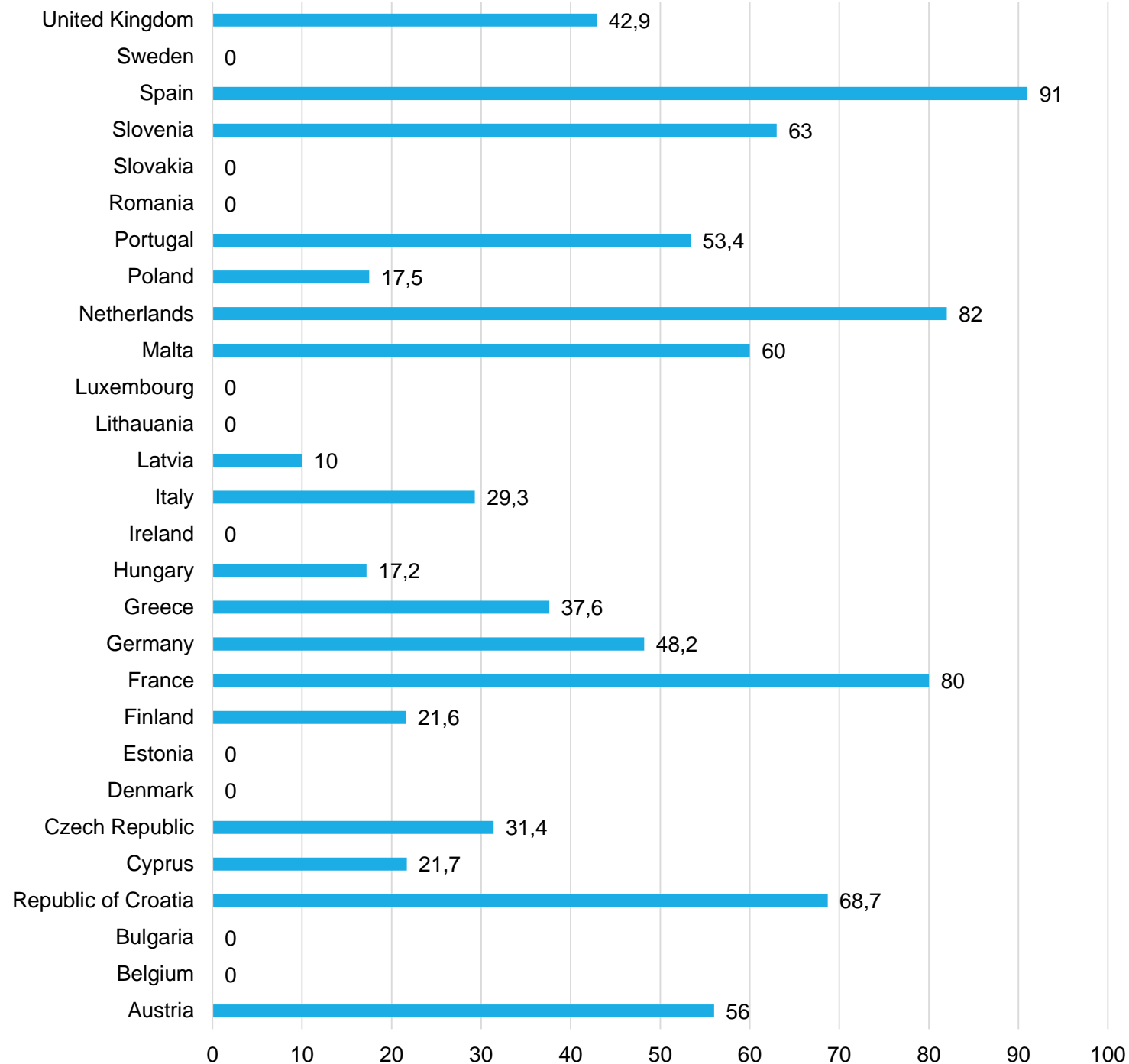
2. Results

2.1 Desk Review and Data Collection

2.1.4 Opioid Substitution Treatment

Percentage of Users in Opioid Substitution Treatment in EU-28 [%]

- Not much data about substitution at all (national level)
- No data on european level about ageing drug users 40+ (Just Vienna (AUS) 40%, Croatia 44%)





2. Results

2.1 Desk Review and Data Collection

2.1.5 Problem Use of other illicit Drugs

- Croatia: number of people using other illicit drugs 0.17%. Percentage of people 40+ about 30%
- Hungary: 3.900 persons other primary drug than heroin, 10.6% of these people 40+

Canabis:

- France: 11.1% (15-64 years) problem Canabis user, 22% out of them are 40+
- The Netherlands counted 5.4% problematic Canabis user 40+ in 2016

MDMA:

- In nearly all of the european countries there is no data about older user of MDMA → MDMA isn't an issue for the target group of ageing users!?
- Netherlands is counting 6% (decreased from 7%) problem MDMA users over 40 years in 2015



2. Results

2.1 Desk Review and Data Collection

2.1.5 Problem Use of other illicit Drugs

Cocaine:

- On european level cocaine was the next most frequently reported primary drug on drug users over 40 years (17%)
- Italy: 23% problematic cocaine users over 40 years
- Spain: 32%
- The Netherlands: small group of 1.5% problem cocaine users over 40 years

Amphetamines:

- Regarding problematic use, very large group of 57% in Czech Republic, Sweden shows a percentage of 45%, also Finland with a rate of 24% in 2015 - The Netherlands were counting just about 1% in the last year
- No data for users over 40 years



2. Results

2.1 Desk Review and Data Collection

2.1.6 Specific Services and Methods for ageing Drug Users

- Rare in Europe - details of data are missing or specific services and methods are not available (Austria, Croatia, Hungary, Spain)
- Drug aid system seems to be oriented at the needs of younger drug users
- UK, Bristol: Installed a drug project ('50 Plus Crowd') – aims to achieve outcomes related to improved health and well-being among older people
- Greece: Inpatient and outpatient services for this target group are not available, no data about other services
- Netherlands: Woodstock retirement home (Den Haag) as an inpatient service; outpatient service Enik, a wide and varied training program
- **Best Practice List?**



2. Results

2.1 Desk Review and Data Collection

2.1.7 Specific Policies for ageing Drug Users

- EU drugs action plan from 2009–2012 identifies a set of priorities to reduce the demand for drugs, prevention, treatment and harm reduction service - taking account of specific needs (incl. those related to age)
- In the latest EU Action Plan on Drugs 2017-2020, ageing and drug use are also mentioned listed as part of drug demand reduction
- UK and some other countries: older adults are listed as a vulnerable groups for risk of alcohol and drug problems (incl. misuse of medications)
- No member states drug strategy or other national drug policy has yet created a strategy to deal with older drug users!



2. Results

2.1 Desk Review and Data Collection

2.1.7 Specific Policies for ageing Drug Users

- 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 (e.g. economic Models in Austria or Germany, Poland) → funding problems
- The existing welfare models and drug policies poorly serve the needs of older drug users
- We have no data about specific policies for Croatia, Greece or Hungary. In Germany, Austria, Spain, Luxembourg and the Netherlands, there are no specific policies.

2. Results

2.1 Desk Review and Data Collection

2.1.8 Planned Development of special Policies or Services on ageing Drug Users

- The Netherlands: due to political dynamics the current health and social system is under continuous reconstruction because of a new government
- Spain: Spanish National Strategy for Addictions (currently under draft), special attention to data collection on ageing population to drive the development of services and methods to address ageing drug user's needs
- Austria: they are only planning a concept for a medical and psychosocial care for non-mobile drug users
- Hungary or Germany there are no special developments of policies planned at this moment

2. Results

2.2 Expert Consultation

2.2.1 Development of ageing Drug Users

Luxembourg	Germany	Netherlands	Austria
<p>Data 2017 Abrigado:</p> <p><u>increasing values from users 35-44 y.:</u></p> <p>37% in 2013 40% in 2014 48% in 2015 52% in 2016 55% in 2017</p> <p><u>45 y. + :</u></p> <p>20% in 2013 19% in 2014 17% in 2015 23% in 2016 26% in 2017</p>	<p>DROBS Bielefeld:</p> <ul style="list-style-type: none">➤ Since 10-15 years increasing age in low threshold service and substitution service➤ Mean age 40.9 years➤ Mean age substitution 42.5 years➤ Mean age consulting 30.2 years➤ Mean age safe injection are 36	<ul style="list-style-type: none">➤ 40-60 years major group➤ 60-70 years manor group➤ Very high rate of opioid users (about 83%)	<ul style="list-style-type: none">➤ 2002 about 1000 substitution patients over 40➤ 2012 already 2000 persons➤ 2015 more than 40% (2500 persons)➤ Oldest patient in substitution treatment: 73 years old in 2015

2. Results

2.2 Expert Consultation

2.2.2 Specific Services and Methods for ageing Drug Users

Luxembourg	Germany	Netherlands	Austria
<ul style="list-style-type: none">➤ TABA (2013): working project for aging drug users 45+ (max. 20 persons but higher needs)	<ul style="list-style-type: none">➤ Special inpatient services: LÜSA Unna, Kriegkstraße Frankfurt, FELIX Berlin...with outpatient domestic care➤ some inpatient services in elderly care under construction (f.e. Dusseldorf inpatient elderly care for drug users with inpatient nursing care)	<ul style="list-style-type: none">➤ Not much specific services➤ because of the cure and care system➤ Supported housing for opioid addicted people in most of the big cities (cure and care) like Woodstock with nursery – age is 50/55 oldest person 72/73	<ul style="list-style-type: none">➤ No specific services, just specialised tools in institutions or services (phone lists, assignment forms)

2. Results

2.2 Expert Consultation

2.2.3 Existing Trainings for Staff working with ageing Drug Users

Luxembourg	Germany	Netherlands	Austria
Not available, neither drug services nor elderly care	Yes, for elderly care, outpatient nursing care, drug service, doctors	Not available, neither drug services nor elderly care	Yes, for nursing schools and for addiction care or other interested groups

2. Results

2.2 Expert Consultation

2.2.4 Collaboration between Drug and Geriatric Services

Luxembourg	Germany	Netherlands	Austria
<ul style="list-style-type: none">➤ Housing first projects are often against people who are still taking drugs➤ Outpatient care is difficult because nurses or doctors can't handle the compliance of ageing drug users➤ Medical sector is often rejecting drug users	<ul style="list-style-type: none">➤ Outpatient care is very difficult because of the special effort and the uncertainty of the clients (economic reasons, ethical reasons)➤ Problem: no regulated substitution therapy in elderly care services	<ul style="list-style-type: none">➤ Cure system (treatment/medical sector for addiction problems, psychiatrics, substitution, geriatrics)➤ Care system (support or help in housing, work, daily activities) – system of recovery➤ Multidisciplinary neighbourhood teams for people in their own home situation who don't need Cure➤ Nursery care for elderly is very restricted → Supported housing	<ul style="list-style-type: none">➤ Addiction care system➤ Health and social system (nursery care, homeless care,...)➤ Special connection services between health and social system institutions (hospitals) and drug aid system, specialised on addicted people

2. Results

2.2 Expert Consultation

2.2.5 Existing specific national or regional Policies for ageing Drug Users

Luxembourg	Germany	Netherlands	Austria
Not available	<p>(PSG II) mental illness is now also part of the rating system</p> <p>15.03.2017 nursing and elderly care is now allowed to offer substitution medicals to patients</p>	No issue	Only treatment guidelines for nursery care and addiction care

2. Results

2.2 Expert Consultation

2.2.6 Planned Developments


Luxembourg	Germany	Netherlands	Austria
<ul style="list-style-type: none">➤ Actual drug action plan of the last 4 years has ageing drug user as topic, evaluation next year➤ Government takes this problem not as important as the practice	n/a	<ul style="list-style-type: none">➤ Heroin assisted treatment: ageing is an issue there, how can you regulate the continuing of this services on an aging population that is not able to take their substitution medicals by walking (possible question)	<ul style="list-style-type: none">➤ Working group “older drug addicts” in Vienna, different parts of the Vienna health and social systems are developing of solutions and best possible care

2. Results

2.2 Expert Consultation

2.2.7 Key Barriers and Challenges

Luxembourg	Germany	Netherlands	Austria
<ul style="list-style-type: none">➤ Social apartments are missing, drug users need apartments or liberal housing first models➤ Abstinence to acceptance➤ More low threshold substitution treatment➤ Service for older drug users away from the younger drug users➤ Specific education for nurses and doctors - not just for drug services➤ funding of additional needs for care of drug users in elderly care or nursing➤ No data, more practice research, public relation	<ul style="list-style-type: none">➤ Not enough living space: disability accessed and payable➤ Housing communities with possibility of specialised outpatient care and cooperation with experienced elderly care institutions➤ Improvement of the cooperation of elderly care and drug services➤ Appointed rules for offering substitutes in elderly care institutions➤ Further education for drug services, outpatient social support	<ul style="list-style-type: none">➤ age discrimination in home assisted treatments with people and opioid users about 35 years same situation as someone who is 50 years?➤ Very individual care to support people, not thinking in "groups" – good cooperation between professionals and professional systems	<ul style="list-style-type: none">➤ Integration of older patients in health and social system and services➤ Lack of Cooperation, Networking➤ More Specific Trainings and Education➤ Unregulated responsibilities, funding



Open Questions

- Feedback for the possible interview by Latvia still pending
- Should there be an overview of the Good Practice Collection? (f.e. point: Special services)
 - More examples in general?
- Should each country with missing data be mentioned in each topic of the report?
- Recommendations – further procedure?
- Conclusion?
- Final correction by native speaker? → Marye?
- Printing of the reports?
 - Deadline?
 - Budget?
 - Online version – Regenboog Group?

