12. Treatment and care for older drug users

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Foreword

The drug issue appeared in France at the end of the 1960s, and was seen as a problem essentially affecting young people at the time. The heroin-related death of a young girl in the south of France at the end of the 1960s was extensively covered in the media and played a major role in the adoption in 1970 of the law setting the framework for the repression of drug-related offences and the treatment of users, a law which is still in force today. The first specialised drug addiction treatment centres were created at the start of the 1970s and dealt with mostly young people under the age of 20, according to the limited information available from that time. Forty years later, the phenomenon has grown tremendously. In 2007, the figures had risen from a few hundred to 100,000 people seeking care at specialised treatment centres. A significant proportion of these people are now over 40 years old. It is therefore clear that today, the drug issue is no longer a purely "youth-related" one.

12.1. Ageing of problem drug users

12.1.1. Age trends in drug users in and out of treatment

TDI data

In France, data collection on the demand for treatment, compatible with the TDI protocol, started in 2005. Therefore, TDI data is available only from 2005 to 2007. Even in this limited period of time, a user ageing process emerges for all substances, except stimulants, for which there is a very limited number of cases recorded.

Table 12-1: Percentage of people 40 years old starting a new treatment course in specialised centres by substance and regardless of substance, 2005-2007

Year	%>=40 all (n*=32,542)	%>=40 heroin (n*=7,970)	%>=40 cocaine (n*=1,757)	%>=40 stimulants (n*=207)	%>=40 cannabis (n*=12,453)	%>=40 others known drugs (n*=3 132)
2005	10.6	11.7	17.5	8.3	3.9	18.3
2006	12.1	12.1	20.2	8.1	4.5	21.3
2007	14.4	15.1	21.6	7.7	5.5	26.1

Source: RECAP/OFDT, 2005-2007

**number of TDI patients in 2007*

Although increasing, the percentage of people aged 50 or older remains very small: 2.3% for all recorded people, with a maximum of 4% for consumers of other known drugs. The largest increase is seen in the 40-49 age group.

The highest proportion of people aged 40 or older is be found in the “other known drugs” group and in the group with cocaine, as primary drugs. Age increases very rapidly among people in the first group, which mainly includes users whose main drugs belong to the “other opiates” category, namely methadone and, less often, benzodiazepines. The increase in the proportion of people aged 40 or older amongst benzodiazepine users is particularly high, from 19% in 2005 to almost 30% in 2007.

TDI data in France are obtained from the RECAP survey, carried out for the first time at a national level in 2005. The RECAP survey (Recueil commun sur les addictions et les prises en charge, *i.e.* Data Retrieving for Drug Treatment Demands) provides access to individual data collected on an ongoing and theoretically exhaustive basis for all patients treated in the Outpatients Specialised Drug Addiction Treatment Centres (CSSTs). There are 210 such centres in France and 117 of them participated in the RECAP survey 2005, 136 in 2006 and 137 in 2007. The number of “patients” included in the RECAP was 44,820 in 2005, 59,856 in 2006 and, 67,113 in 2007.

Other studies

French TDI data cover a very limited observation period. It is however possible to use data from the previous survey on treatment demand carried out in France from 1987 to 1997, and then again in 1999, and in 2003. The methodology used in this survey is not fully compatible with TDI: it is a one-month census of all people undergoing treatment in specialised centres. Details on age groups have only been available since 1993. As described above, TDI data in France are part of the RECAP survey, which includes all people undergoing treatment, whether they are about to start or have already started treatment. It is therefore possible to have more or less comparable data on average age from 1993 to 2007, bearing in mind, however, that the census period was one month before 2005 and a full year after. Nevertheless, it remains impossible to analyse ageing trends using the primary drug classification (heroin, cocaine, stimulants, cannabis, others/unknown) before 2005.

Table 12-2: Percentage of people aged 40 or older undergoing treatment in specialised centres, 1993-2007

Year	% >=40	%>50
1993	3.8	-
1994	-	-
1995	5.3	-
1996	-	-
1997	7.0	0.5
1998	-	-
1999	9.8	0.7
2000	-	-
2001	-	-
2002	-	-
2003	16.2	1.7
2004	-	-
2005	16.5	
2006	18.1	3.5
2007	21.2	4.3

Source: 1987-2003: November survey on care and treatment for drug addicts, DREES; 2005-2007: RECAP/OFDT

Data going back to 1993 provide a more striking illustration of the ageing of people seeking help in the specialised drug addiction treatment centres. The proportion of people aged 40 or older has increased over 14 years from less than 4% to over 21%. The increasing proportion of this age group is continuous if we exclude the period 2003-2005. The apparently stable figures between these two years are undoubtedly related to the increased percentage of cannabis users amongst people seeking help in specialised centres and to the change in survey method. The increase in the percentage of cannabis users who, on average, are younger, reduces the average overall age. The increasing proportion of cannabis users can already be seen in the one-month surveys: cannabis was reported as the main substance by 17.6% of people in November 2003 compared to 13.5% in November 1999. However, a “given month” survey logically underestimates the proportion of these users. On average, cannabis users stay for far shorter times on treatment than opiate users. Moving from month to year, all other things being equal, increases the number of cannabis users far more than that of opiate users. In 2005, the proportion of cannabis users amongst all those who went to specialised treatment centres during the year exceeded 30%. The policy adopted by the public authorities in 2004/2005 aimed at increasing the awareness of the population concerning the dangers of cannabis through a communication campaign accompanied by the creation of specific clinics for young users, mostly attached to the specialised treatment centres, undoubtedly partly explains the increase in the proportion of cannabis users amongst treatment request applicants. When measured over a single month, however, the increase would most likely have been smaller.

The average age of all patients starting treatment in 2007 is 29.2 years old; however, this average is influenced by the large number of generally younger cannabis patients. In fact, the average age of cannabis drug users is 25.1 years, followed by the users of stimulants with an average age of 27.7 years, 30.7 years for heroin users, 33.0 years for cocaine users and 34.1 years for patients using other known primary drugs.

Historical data on MMT and other substitution treatment patients

In France, a theoretical estimation of the number of patients receiving opiate substitution treatment is available from 1995 to 2007 but without distinction of age or sex.

Information on the age of people receiving opiate substitution treatment can, however, be found in studies based on social insurance data. The population studied is that of people registered with the French National Health Insurance general scheme having received reimbursement for a substitution treatment prescription. The first study is based on exhaustive reimbursement data in 13 French towns in 2001 and 2002. The second study was based on two random samples of people having received reimbursement throughout all of France, one in January 2007 and the second in January 2008. To simplify the analysis, only the 2002 and 2008 data have been used.

The average age of people receiving substitution treatment in the 13 towns in 2002 was 34.4 years old for high dose buprenorphine and 35.9 years old for methadone. The average ages calculated from the national sample in 2008 were 35 years old for high dose buprenorphine and 34.7 years old for methadone. Average ages therefore have remained mostly stable over these five years. This stability, however, masks an increase in the proportion of users aged 40 or over for high dose buprenorphine, increasing from an average of 21.4% in 2002 for all sites to 29.3% in 2008 in the national sample. It should be noted that the proportion of people aged 40 or over in 2002 varied greatly from town to town, ranging from a maximum of 36.6% in Paris to a minimum of 7.8% in Lille. Paris and its suburbs were the first geographical areas affected by opiate use. These are the sites in which the oldest opiate users emerge for all the surveys.

Conversely, for methadone, there was a slight fall in the proportion of people aged 40 or over from almost 29% in 2002 to 27% in 2008. This change, which is different from what is seen for high dose buprenorphine, may be explained by the policy of the public authorities intended to make access to methadone treatment less restrictive. Originally indicated for opiate users with the most difficult use backgrounds, methadone treatments have since been prescribed to slightly younger and perhaps less dependent people. Consistent with this relative decline in age, there has also been a reduction in the average doses of methadone prescribed between 2002 and 2008 (Canarelli T. and Coquelin A. 2009).

Results from studies conducted at national or local level which have revealed an ageing trend in PDUs in and out of treatment

DRD: trends in the proportion of cases >= 40 years

Information on the proportion of people aged 40 or over suffering drug-related deaths has only been available since 2000. This was slightly over 30% in 2000, and the figure appears to have increased to 34% to 35% in the middle of the decade, increasing even further to 43% in 2007. A rapid increase in the age of people dying from illicit drug-related use can therefore be observed. One might question, however, the respective proportions represented by ageing drug users and accidental deaths or suicides of people who are generally relatively old and have access to these drugs for pain treatment. Recent awareness in France about the need to improve pain management may have resulted in less restrictive prescribing and a few additional cases of accidents or suicides sufficient to influence the statistics.

Table 12-3: Drug related deaths, number and proportion of cases >= 40 years old, 2000-2007

	2000	2001	2002	2003	2004	2005	2006	2007
Numbers	75	73	67	74	92	106	105	145
%	30.2	26.7	27.6	31.8	34.3	35.0	34.4	43.5

Source: Cepidc/Inserm

12.1.2. Factors related to the ageing and increasing life expectancy of drug users (Particular focus: "survivors" of the heroin epidemics)

Only one article (Lagrange H. and André Mogoutov A. 1997) was found, published in 1997, about the question of ageing illicit drug users in France. The authors analysed the results of a survey conducted in 1995 in five sites (Paris, some districts located in the Paris suburbs, Lille, Metz and Marseilles) including 1,700 "drug addicts". The sampling method for inclusion into the study is not clearly defined and it does not appear to be random. The authors show that the average age at the time of the first injection increased considerably between the generation falling into drug addiction before and those who became addicts after 1988, from 18 to 23 years old. The authors' explanation for older people falling into drug addiction was based on the idea that drug addiction in the 1980s was the end result of a series of hard times and failures. The authors stressed changes in the social conditions of drug addicts decreasingly coming from privileged, artistic or intellectual family backgrounds, and increasingly born into the most disadvantaged social groups. The authors therefore concluded that there was a shift, during the 1980s, from a sort of post-adolescent drug addiction phenomenon, rooted in a process of reflection on oneself and society as a whole to "compensation" drug addiction for people coming from disadvantaged families, faced with increasing difficulties to integrate socially.

At the time when that article was written, opiate substitution treatments had only just been introduced in France and the authors could not yet assess their impact. It is clear, however, that the considerable development of substitution treatments in the second half of the 1990s greatly contributed to the decline in drug-related deaths and to their stabilisation in treatment (Costes, Cadet-Taïrou et al. 2004), helping to maintain the overall ageing trend of people seeking help in specialised centres.

The development of substitution treatments is one factor explaining the ageing of people already in contact with the care system, although ageing is also seen in those requesting treatment for the first time. In this latter category, the proportion of people aged 40 or over increased from 5.2% in 1997 to 9.2% in 2003. This increase is slower than that of the proportion of people aged 40 or over amongst all those starting treatment (7% in 1997 and 16% in 2003), but it is nevertheless significant, particularly since the overall numbers have greatly increased between these two years.

How can this increase in the number of people who access care for the first time over the age of 40 be explained? An initial explanation may be the fact that substitution medicines, primarily HDB, are widely accessible on the black market and therefore the first contact with the care system, for some drug users, may occur later. However, this is only a logical hypothesis. In parallel, the trend of increasingly older people falling into drug addiction described by the authors of the article cited above may also perhaps be continuing. Lastly, it is also possible that some responses to the question about the first treatment request are unreliable because of forgetfulness or a poor understanding of the question. Some of the "never treated" responses may also, in fact, have been given by people who were never treated in the centre where they were asked the question, but who had already had some contact with an addiction treatment professional previously.

12.2. Drug use, health and social characteristics of current older drug users

12.2.1. Characteristics of older drug users

All patients entering treatment (TDI) in 2007
The TDI data for 2008 is still unavailable; the results were therefore produced for 2007 TDI data.

The average age in the group of people aged 40 or over is 45. The vast majority of these drug users (approximately 84%) are within the 40-49 age group. The average age of the under-40s is 26.5 years, explained to a large extent by the fact that this group contains almost all cannabis users (as the leading substance) who are, on average, far younger than the users of other substances. These two groups therefore contain people of very different ages, some of whom do not use the same substances.

A good deal of the differences between the group aged 40 or over and the under-40s is the almost natural consequence of this age difference: the older users differ from the younger ones in that a higher percentage of them have children and a smaller percentage live with a parent or are students or pupils. The differences which perhaps better reflect the specific characteristics of older drug users emerge in the particularly high proportion of people in this age group who live alone (45% vs 25% of those under 40) or who have no fixed abode (9% vs 5%). The differences are also a mechanical result of a large proportion of under-40s living with their parents (43%). This, however, does not mean that these findings do not indicate the increasing isolation of older users.

In terms of educational status, slightly over one quarter of those aged 40 or over have a low level of educational achievement (BEPC or under), with this proportion being smaller for younger users (approximately one fifth). The category seen most commonly in the 40+ age group (42%) is CAP or BEP technical training, with this category being even more popular among younger users (48%). Fewer of the 40+ users have attained the level of the *baccalauréat* (roughly equivalent to English “A” levels) than the younger users, although slightly more appear to have continued studies beyond the *baccalauréat*. These differences are, however, difficult to interpret because of the very large difference between average ages: a significant proportion of the under-40s are still too young to have been able to reach the highest levels of education.

Less than 40% of the 40+ users report that they have paid work, a smaller proportion than in the under-40 age group, some of whom are not old enough to work. The proportion of people in paid work therefore appears to be lower in the 40+ age group, a quarter of whom report that they are unemployed and one third that they are not part of the working population. The proportion of unemployed people is not particularly different in the under-40 age group (23%). The main difference lies in the smaller proportion of those belonging to the non-working population (18%), compensated by a larger proportion of students or pupils (16% vs less than 1% in the 40+ age group).

More of those aged 40 and older seek help on their own initiative than the younger users (44% vs 32%) and fewer are referred by the legal authorities following an arrest. This method of referral to the treatment centres particularly involves young people using cannabis, both because eight to nine times more arrests take place for cannabis use than for the use of other illicit drugs but also because older users of other drugs (more often arrested already and therefore in contact with the specialised treatment system) are probably less likely to have this type of measure proposed to them by the magistrates.

In terms of the substances, as described above, users aged 40 or over less often report cannabis as the leading substance (22% vs 52%) and much more often report opiates (56% vs 37%)

cocaine and crack (12% vs 6%) and psychotropic medicines (6% vs 2%). The age at which use is begun is higher overall in the 40+ age group than among the under-40s. This difference is not only related to the extent of cannabis use in the younger group as it is also seen for each individual substance. Among cocaine drug users under 40, for example, only 21.6% started using drugs when they were over 25 years old, compared to 43.7% for the 40-49 age group.

The percentage of patients who have injected in the previous 30 days is far higher in the 40+ age group than among younger users (22% vs 10%), partly explained by the large proportion of cannabis users in the younger category. Nevertheless, a comparison of administration methods by substance reveals a generation difference: the proportion of intravenous heroin users is twice as high in the 40+ age group than among those under 40 (43% vs 19%); two-thirds of the younger users sniff. A two to one difference also emerges for intravenous cocaine use between the two groups (26% vs 13%). Conversely, the very high percentage injecting HDB does not differ between the groups (44%). The median age of the first injection is 20 years old in both groups.

More than half of those aged 40 or over are receiving substitution treatment compared to a third of the under-40s. This difference is also related to the large proportion of people with problem cannabis use in the under-40 age group.

This description of user characteristics can be supplemented with a few questions which do not form part of the common core of the TDI questions (core item list) but which nevertheless appear in the RECAP.

Approximately a third of the 40+ age group have already been hospitalised in psychiatry departments for a reason other than detoxification. The proportion is markedly smaller in the under-40 age group (20%). Slightly under a quarter of those aged 40 or over has already made a suicide attempt during their life. The proportion in the under-40 age group is lower (18%), although the difference is relatively small. Almost half of those aged 40 or over have already been imprisoned in their life compared to a quarter of the under-40s. As can be seen, more drug users aged 40 years old and over face major difficulties.

Table 12-3: Characteristics of people starting treatment in specialised drug addiction treatment centres depending on whether they are under 40 or 40 years old and over, 2007

	Total			Cannabis excluded	
	< 40 years	>= 40 years		< 40 years	>= 40 years
Number of people included	27,932	4,610		12,538	2,851
Average age	26.5	45.0		29.0	44.4
% men	81.8	80.0		77.8	80.9
% living alone	25.4	45.2		30.0	43.6
% living with parents	39.3	11.2		30.2	11.1
% no fixed abode	4.9	9.2		7.1	9.0
% with paid work	43.0	39.7		41.3	37.5
% unemployed	22.9	26.7		30.5	27.6
% students, pupils, trainees	15.9	0.7		5.2	0.7
% not working	18.0	32.1		22.6	33.1
% who came on their own initiative	32.3	43.8		46.8	46.3
% sentenced to drug treatment orders	34.1	13.2		13.2	12.4
% cannabis as substance 1	52.4	22.3		8.2	6.2
% heroin as substance 1	30.2	38.6		58.3	46.6
% other opiates as substance 1	7.3	17.5		14.1	21.0
% cocaine or crack as substance 1	6.2	12.3		11.9	14.9
% psychotropic medicines (benzodiazepines and others)	1.8	5.9		3.4	8.1
% who have injected in the previous 30 days	9.7	21.8		17.7	26.2
% receiving substitution treatment	34.4	55.4		61.1	67.5
% with past history of psychiatric hospitalisation	20.3	32.3		22.7	32.8
% with past history of suicide attempt	18.0	23.1		20.4	24.0
% with past history of imprisonment	25.7	47.6		36.2	53.4

Source: RECAP/OFDT

The differences in user characteristics between those aged 40 or over and those under 40 are partly related to the proportion of cannabis users in the younger group. In order to refine the analysis, the data have been recalculated excluding people seeking help at the centres only or

almost only because of a problem with cannabis[57]. Excluding cannabis users particularly affects the results in the under-40 age group. As might be expected, the average age of under-40s is markedly higher than in the previous analysis, increasing from 26.5 years to 29 years old. The percentage of women in this group also increases (from 18% to 22%) and differs more markedly from the percentage of women among the older users (19% of women among those aged 40 or over).

The differences reported in the analysis conducted with cannabis users remain for a large number of questions, although the values sometimes differ slightly less markedly between the two groups. In the question about methods for referring drug users to treatment centres, for example, the distributions among the different answers become very similar. Results also become very similar for the question about substitution treatments, although the percentage of people receiving methadone substitution treatment is slightly higher in the 40+ age group than among those under 40 (28% vs 23%). For substances, however, once cannabis is excluded, fewer of those aged 40 or over report heroin as the primary drug than the younger users(47% vs 58%) and more report other opiates (7% vs 2%) and crack (5% vs 1%).

All patients undergoing treatment (TDI)
The profile of all patients undergoing treatment is very similar to that of all patients starting treatment. The average age is higher both for people under forty (29.6) and those aged over forty (45.7), although there are still all the differences described above when the data are calculated for all patients.

Other sources containing data on drug use and social characteristics of older drug users in and out of treatment: people in contact with low-threshold facilities (CAARUD[58])
Data from the Ena CAARUD survey were obtained from a listing of all people seeking help during one week in the month of November 2008, in all authorised CAARUD centres. The questionnaires were filled out in face to face interviews with a member of the care team and 3,123 valid questionnaires were obtained during the period in 122 CAARUD.

The proportion of those aged 40 or over amongst all people seeking help in the low-threshold facilities was 30% in 2008, i.e. a higher proportion than in the CSST (21% in 2007). The average age was 45 years old in the 40+ age group compared to 29 in the under-40 age group. These average ages are identical to those found for people seeking help in the CSST for substances other than cannabis.

There is a higher percentage of men (85% vs 75%), non-French (21% vs 11%), people living long term in independent lodgings (43% vs 32%) and people living alone (67% vs 50%) in the 40+ age group compared to the under-40s amongst the people seeking help in the low-threshold facilities. In terms of income source, the only difference in the 40+ age group was a far higher proportion of people receiving adult handicap allowance (24% vs 10%).

The percentages of users over the previous month for the different substances were lower in the 40+ age group than among those under 40, particularly for heroin (16% vs 34%), cocaine (25% vs 41%) and amphetamines (5% vs 18%). The only substance which had a higher proportion of users in the 40+ age group was crack (21% vs 14%). In terms of patterns of use, fewer of those

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[57] Excluding all people reporting cannabis as substance 1 (primary substance) unless they are receiving substitution treatment.

[58] Reception and harm reduction support centres for drug users

aged 40 or over were currently using intravenous injection (last 30 days) than the under-40-year-olds (36% vs 51%), although more had used it previously (26% vs 15%). Those aged 40 or over appear to have less risky behaviour than the younger users: they tend to share syringes (6% vs 10%), preparation water (10% vs 19%), swabs (10 vs 16%) or straws to sniff (20% vs 32%) less.

The reported prevalence of HIV and HCV was higher among those aged 40 or over than in the younger users: there were 14% HIV positive users in the older group compared to 3% in the younger. These are almost identical to the percentages of people receiving treatment in the specialised treatment centres (excluding cannabis) of 15% and 2% respectively. The prevalence figures for HCV were 41% and 23% respectively. The very great majority (between 80% and 90%) had performed a test to establish their serology both for HIV and for HCV. Slightly more of the older users had performed this test although the differences were relatively small (91% vs 85% for HIV and 88% vs 82% for HCV). Almost the same number of people in the two groups consulted a doctor when the test was positive although far more of the older users were prescribed treatment than the younger users (86% vs 58% for HIV, 36% vs 21% for HCV).

It can also be noted that the proportion of people reporting that they were taking substitution treatment was identical in both groups (19 to 20% for methadone, 32 to 33% for HDB).

12.3. Treatment, management and care of older drug users

12.3.1. Policies

There are no national policies or laws addressing the needs of older drug users in France at the moment.

12.3.2. Health and social response

There are no specialised services dedicated to older drug users in France. Information on services and practices addressing older users' drug and drug-related problems is not available in France.

A survey was conducted recently in France to study drug user accommodation problems (Coquelin A. and Palle C. 2009). All specialised outpatient centres were asked to include all people seen in the month of March 2007 who had an accommodation problem and for whom a professional had searched for a solution. The questionnaire asked them to state the solution sought and the situation of the person after three months in terms of accommodation and, in the absence of a solution, the reasons why the process had failed. One of the reasons put forward was that the person was too old. Approximately 600 questionnaires were completed by slightly over 60 specialised outpatient centres. The reason "too old" was reported for 4% of people who had not been able to obtain the desired accommodation following a refusal from the centre where the application was sent. This reason, therefore, was not common.

12.3.3. Quality assurance and best practice

No information on these topics.

12.4. General conclusions

Data available for the period 1993-2007 reveal a marked trend in the ageing of drug users seeking help in the specialised centres, the proportion of those aged 40 or over increasing from less than 4% to over 21%. This change is particularly striking as it occurred alongside a marked increase in the proportion of cannabis users who, on average, are younger. Unfortunately, there is no information over this period enabling changes in age distribution by substance to be

analysed. These data would undoubtedly have shown an even larger rise in the proportion of those aged 40 or over amongst those people with problem opiate or cocaine use. Although increasing rapidly, the proportion of those aged 50 and older is still relatively low. The very great majority of those aged 40 and older in 2007 were under 50. This increasing trend in the proportion of those aged 40 or over is also seen amongst people receiving substitution treatment and victims of drug-related deaths.

Many factors explain this change. Firstly, France is a country particularly affected by opiate use. The treatment of opiate-type addictions is known to be a long, restricting process, characterised by a succession of withdrawal attempts and relapses spread out over many years before the introduction of substitution treatments. The introduction of substitution treatments has only reinforced this ageing process by making drug users loyal to the care system and helped reduce drug-related deaths. These factors promoting an increase in the number of older users is added to by the trend towards later entry into illicit drug use. Drug use, initially a symptom of troubled youth, progressively became a sign of the social crisis which affected France at the end of the 1970s and in the 1980s. By spreading in the geographical areas and social layers most affected by the crisis, it would seem, according to this analysis, that drugs once again took on their classical role of distraction and refuge from the increasing social integration difficulties faced by some groups.

The image, albeit very patchy, which emerges from the information available in the TDI on users aged 40 or over in contact with the care system is one of a population mainly with problem opiate and cocaine use. They face even more pronounced isolation and social inadaptability problems which characterise most opiate dependent users than their younger peers. A large minority of these people use drugs intravenously, a markedly higher proportion than among the under-40s, except for HDB which is as commonly injected in both groups. It should be noted that injecting is far more common regardless of age amongst users, generally in the working population, and in contact with low-threshold facilities than in people in contact with treatment centres. However, in terms of the low-threshold facilities, this practice is markedly more widespread among the younger people than among the older users. In general, amongst those people seeking help at the low-threshold facilities, the older users appeared to adopt less risky behaviour and use drugs less than the younger ones.

Today, in France, there appears to be almost no thought given to the treatment of the oldest drug users. Difficulties finding accommodation for the oldest drug users, whilst clearly present amongst the concerns of drug addiction workers questioned in a survey, remain low priority issues, far behind the problems associated with psychiatric co-morbidities or treatment problems for young users. The fact that most drug users aged 40 or over are in their forties may explain the lack of interest in this question.