



POLICY STATEMENT ON SUPPORTING HEALTHY AGEING FOR PEOPLE WHO INJECT DRUGS AND/OR RECEIVE PHARMACOTHERAPIES

Background:

Australia's population is ageing, with 1 in 7 Australians now aged 65 years or more. In real numbers, there are currently 3.7 million older Australians and projections suggest that by 2056, more than 8.7 million Australians will be aged 65 or older.¹ Health and medical advances contribute to the prolonging of life yet these same advances create new pressures on the aged care system, requiring the system to adapt to population groups with different life experiences.

A new, emerging population group in the Australian aged care system is older people who inject drugs. Previous literature reviews² undertaken by the Australian Injecting and Illicit Drug Users League (AIVL) on older people who use drugs have found that the ageing-related issues that the non-illicit drug using population experience typically occur within people who use drugs at an earlier age. On top of this are complications related to hepatitis C – even where the virus has been treated and cured. As such, an 'older' person who uses drugs can be considered to be as young as 40 years, as this is when physical capabilities start to decline and visible signs of ageing become apparent.

Health issues specific to older people who inject drugs include compromised vascular systems and scarring from prolonged injecting that can lead to poor circulation, and hepatitis C-related complications such as liver disease, diabetes and other hepatic illnesses. Continued participation in pharmacotherapy programs also becomes an issue with declining physical mobility, particularly where program regulations limit take-away doses and require clients to present at their pharmacy on a daily basis.

These physical health issues occur alongside a range of social issues that may affect the ability of older people who inject drugs to access health services and live healthy lives in the community. These include experiences of stigma and discrimination from mainstream health services (which are particularly apparent when pain-relieving medication is denied because of drug use history), financial and housing insecurity, social isolation and strained family relationships due to drug use.

As part of the Australian Government's response to an ageing Australian population, the *Draft Single Aged Care Quality Framework* aims to ensure that the system provides high quality services that meet the needs and preferences of all older Australians. These reforms place older Australians at the centre of service provision and give people greater choice and flexibility with their care. Although similar work to support healthy ageing has been undertaken with aged care providers in the context of HIV and creating a welcoming and supportive environment for people with diverse sexualities, as seen through the Australian Government's *National Lesbian, Gay, Bisexual,*

¹ Australian Institute of Health and Welfare. (2017). *Older Australians at a glance*. Accessed 6 February 2018 at <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance/contents/demographics-of-older-australians/australia-s-changing-age-and-gender-profile>

² Australian Injecting and Illicit Drug Users League. (2011). *Double Jeopardy: Older Injecting Opioid Users in Australia*. AIVL: Canberra.

Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy, AIVL is not aware of similar approaches within the context of older people who inject drugs. With the influx of a new cohort of people who often have complex and unique life circumstances, it is critical that Australia's aged care system has the knowledge and capacity to respond to these needs and support the goals of the *Draft Single Aged Care Quality Framework*.

Key Issues:

The population of people who inject drugs in Australia is an ageing cohort. Latest trend data has found that the average age of people accessing injecting equipment through needle and syringe programs has risen from 38 years in 2012 to 42 years by 2016 and at last data collection, approximately 34% of people accessing these services were between 40-49 years and 17% aged 50 years or more.^{3 4}

The availability of the overdose reversal drug, naloxone, and effective treatments for hepatitis C and HIV mean that people who inject drugs are now living longer. People who inject drugs experience the same ageing-related issues experienced by the non-illicit drug using population, as well as additional complications related to drug use and blood borne viruses. The presence of older people who inject drugs in aged care services, and the ability to manage and respond to health issues such as hepatitis C, present new challenges for Australia's aged care system and aged care workers.

Consequently, there is a growing need to build capacity within aged care providers to respond to the unique needs of older people who inject drugs, older people on pharmacotherapies and older people living with hepatitis C or hepatitis C-related complications. There is currently a significant knowledge gap in relation to this emerging cohort of older Australians, with potential implications for both long term planning and the ongoing effectiveness of the aged care sector.

Engagement with aged care providers across the spectrum of aged care service delivery is vital to building understanding of issues that affect older people who inject drugs and how healthy ageing can be supported amongst this cohort.

Likewise, engagement with older people who inject drugs is also vital to identifying key ageing issues and specific barriers that may prevent them accessing aged care and/or general health services.

Recommendations:

That the Australian Government prioritises activities in line with key national strategies that seek to:

1. support healthy ageing amongst older people who inject drugs; and
2. build capacity amongst aged care services to meet the unique needs of this ageing cohort.

This policy document was adopted by AIVL and our member organisations in 2018 and is due for revision in 2021.

³ Memedovic S., Iversen J., Geddes L., and Maher L. *Australian Needle Syringe Program Survey National Data Report 2012-2016: Prevalence of HIV, HCV and injecting and sexual behaviour among NSP attendees*. Kirby Institute, UNSW: Sydney

⁴ Heard, S., Iversen, J., Kwon, JA., Maher, L. (2017). *Needle Syringe Program Minimum Data Collection: National Data Report 2017*. Kirby Institute, UNSW: Sydney.