



Informing
Supporting
Representing
Leading

Research into practice: Successful case studies from a clinical/ practitioner perspective

Dave Liddell - dave@sdf.org.uk

CEO, Scottish Drugs Forum

DRNS Conference 2018

A national resource of expertise on drug issues

www.sdf.org.uk

www.scottishdrugservices.com

Case Study 1:

Older People with Drug Problems
(aged 35 and over) in Scotland:
Addressing the Needs of an aging
population



Older People with Drug Problems in Scotland:

Addressing the needs of an
ageing population

The Expert Working Group on Older People
with a Drug Problem



Older People with Drug Problems in Scotland:

A Mixed Methods Study
Exploring Health and Social
Support Needs

Report to the Scottish [Government](#)

Mixed methods study of older people with a problem;

The following is a summary of the key findings.

Quantitative findings

- Data was collected from 123 OPDP, 93 male 30 female. Participants were 35-57 years old with a mean age of 41 years. Key findings were:
- Drug use became 'problematic' at a mean age of 25 years
- **79% were living alone**
- 37% had been in treatment five or more times
- 75% had overdosed at some time in their lives
- 95% were on welfare benefits
- Three individuals worked
- 96% had convictions for any offences
- 84% had been in prison at some time in their lives
- 91% had been homeless at some time in their lives
- Five individuals had *never* been in treatment
- 75% were in opiate replacement treatment
- 95% suffered from depression
- 89% suffered from anxiety
- 53% suffered from chronic pain
- 80% used prescribed medicines other than opiate replacement treatment with anti-depressants most frequently noted
- 32.5% used over the counter medicines
- 86% would use mental health support service in future
- 83% would use substitute prescribing in future

Mental Health and isolation

“I don’t trust nobody... I keep myself to myself unless they ask anything but apart from that I feel isolated. Put it [this way], if I was deid(dead), nobody would miss me, that’s how bad it is”
(female, 39 years)

Stigma

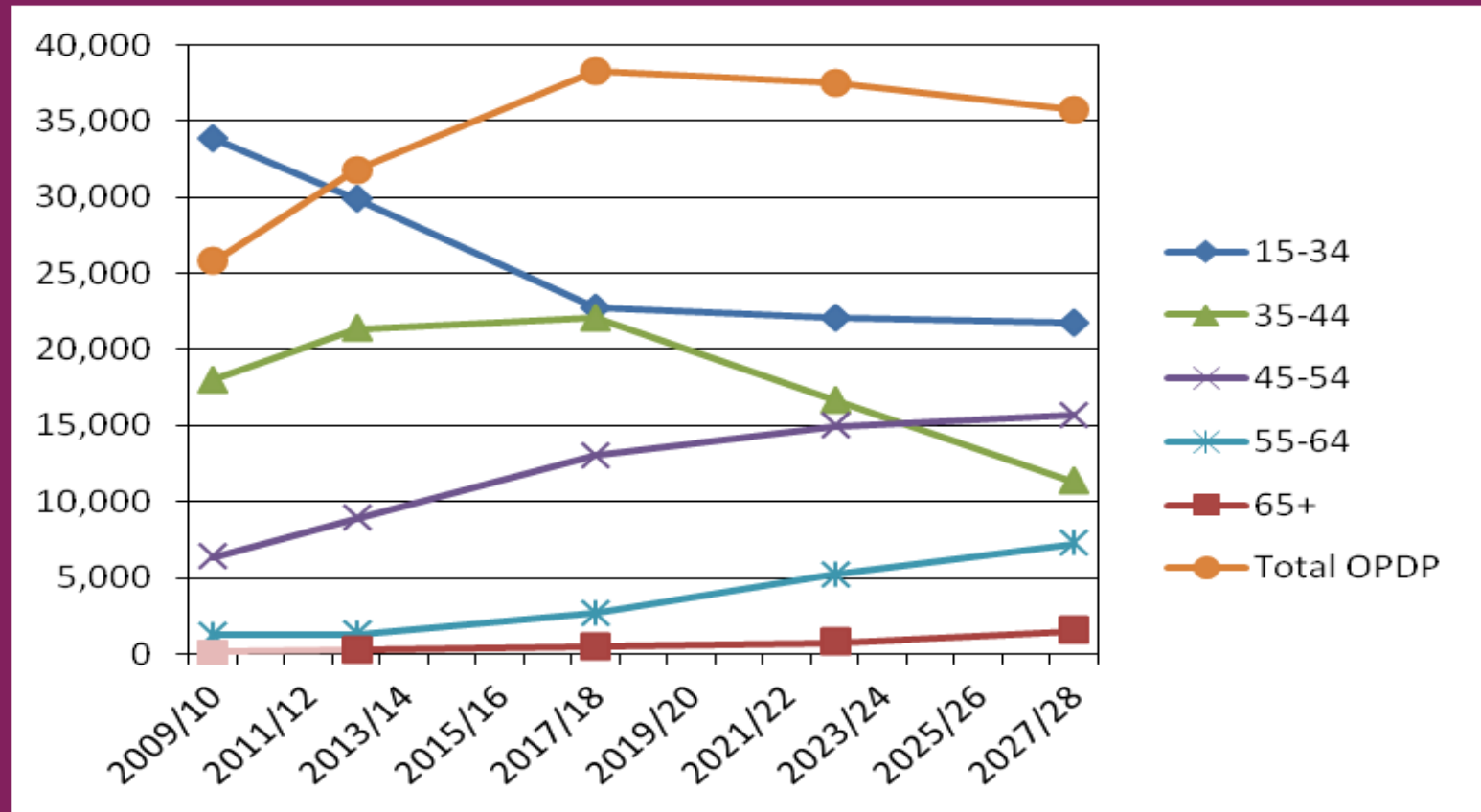
“Aye, we’re older, so basically they don’t care about us, know what I mean, whereas younger ones, they are trying to get them to the stage of getting them come off it right, so cos we’re older, we’ve been on it longer, so, they’re like that, they’re lookin at us going “Waste of space”, they won’t come off it now”
(female, 40 years)

The number of people over 35 with a drug problem

- Will be only slightly reduced by 2027
- The number aged 45-54 will increase c.250%
- The number aged 55-64 will increase c.700%

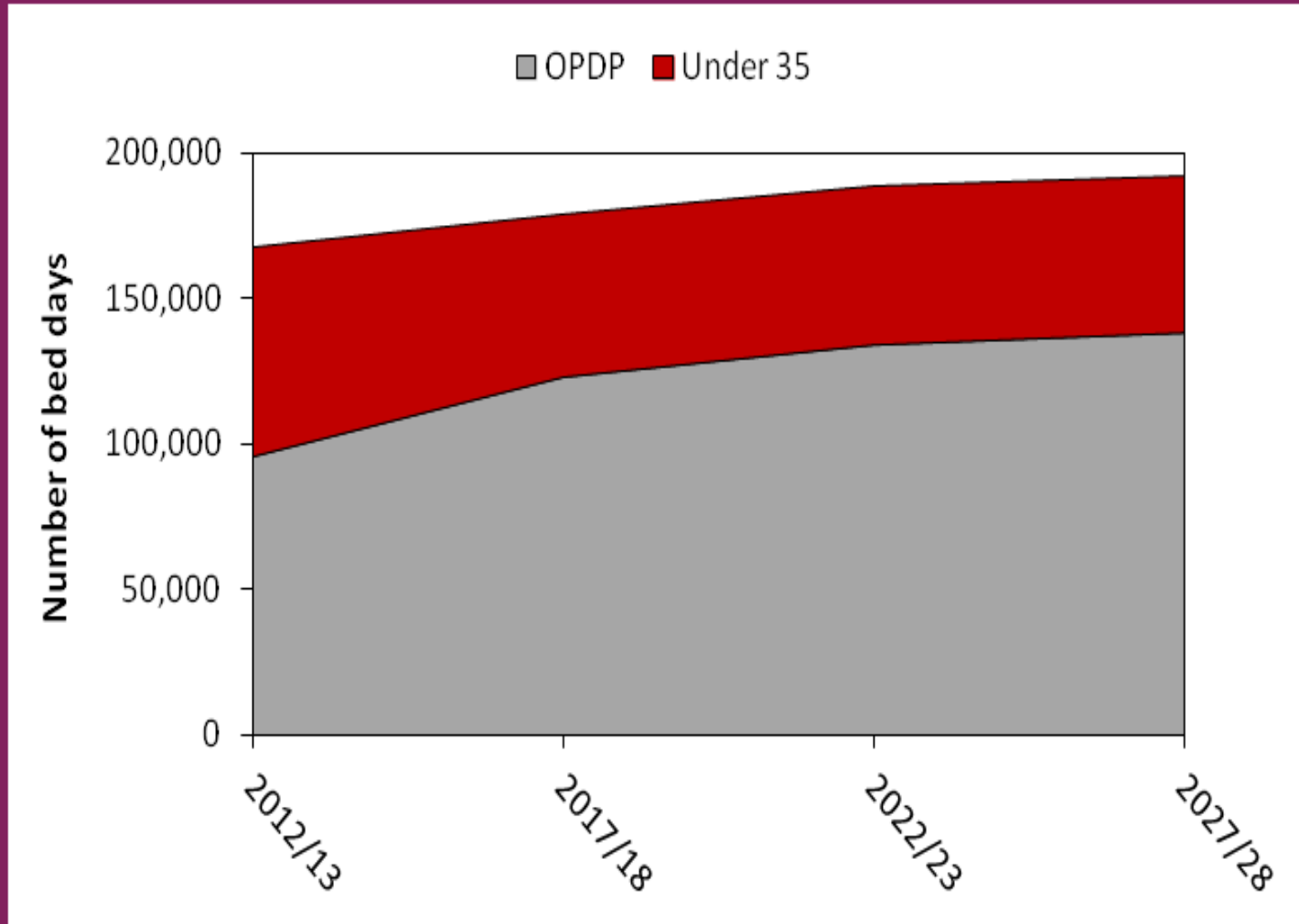
...according to NHS ISD projections

OPDP Population estimates and projections (both sexes; 2009/10 to 2027/28;)

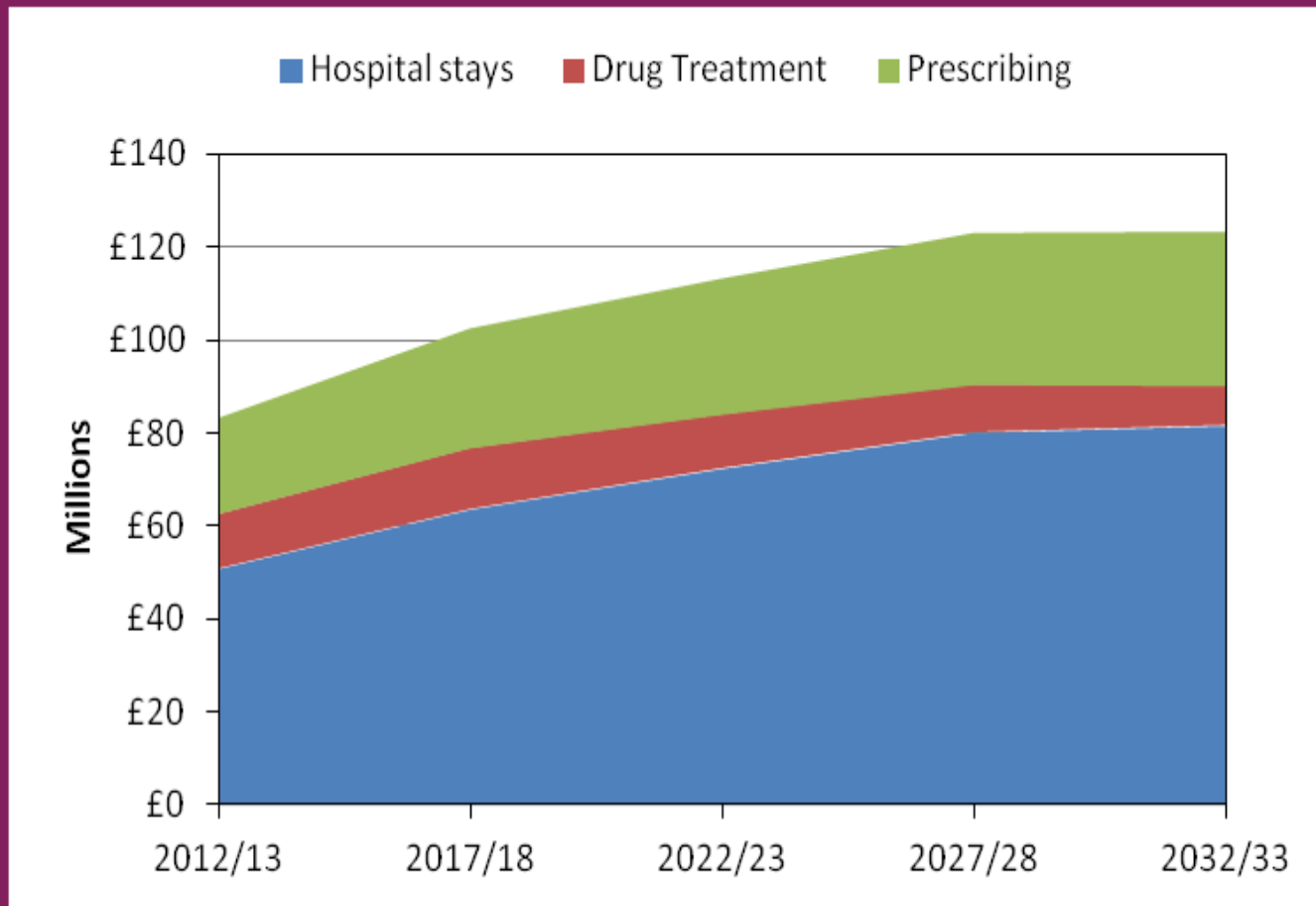


Source: ISD (2016 & OPDP population projections with 20% non-relapse rate)

Projected annual hospital bed days People with a drug problem 2012/13 to 2027/28



Projected Annual Costs (Scotland 2012/13-2032/33; OPDUs, by cost type)



Conclusion

- What arguments do policy makers listen to?
- Costs to wider society and health services are substantial
- We will pay these costs one way or another
- This can be either through reactive or proactive spend
- Investment is the humane thing to do but also makes economic sense
- Directly influenced SG funding decisions

Case Study 2:

Trauma and recovery amongst people who have injected drugs within the past five years

Scottish Drugs Forum, staff and peer researchers

with Professor Richard Hammersley Department of Psychology, University of Hull Dr Phil Dalgarno School of Health and Life Sciences, Glasgow Caledonian University

This Research was funded by Big Lottery Fund

This research collected the life stories of 55 people who had injected heroin and other drugs within the previous five years but who were currently in recovery. “Participants were recruited through drug agencies and support/ recovery networks and personal contacts in different types of geographical areas in Scotland”.

The main aim was to record and understand the life stories of problem drug users, with a view to contextualising their drug problems within their lives and addressing the considerable issues of stigmatisation and stereotyping that problem drug users continue to face.

The interviews used Dan MacAdam's Life Story method, which involves a semi-structured interview. The fieldworkers who conducted the interviews were Scottish Drugs Forum peer researchers with lived/living experience.

Traumas in childhood and early adolescence included:

- repeated sexual abuse by relatives
- repeated physical and emotional abuse by parents (including biological parents, step-parents and foster parents)
- Multiple bereavements, or complex circumstances involving chaos and instability due to:
 1. mothers fleeing violent fathers
 2. parental mental health problems
 3. having criminal or drug-dealing fathers

Problem drug use often added further trauma and life difficulties to pre-existing ones which, in turn, typically escalated drug use:

- incidents of very severe life-threatening
- violence over drug debts
- the murder of close friends and relatives
- first hand witnessing of death by drug overdose
- acquisition of life-threatening injuries etc

Recommendations

- *Trauma-focussed services*

Services to be more trauma focussed and to recognise that many problem drug users have been - and maybe continue to be - traumatised by past and current experiences. Problem drug use is both an escape from trauma and is itself traumatic.

Impact

The Quality Principles Standard Expectations of Care and Support in Drug and Alcohol Services, Scottish Government 2014:

- Services that are trauma-informed
- Workers should provide support that is trauma-informed and recognise any current or previous trauma you are dealing with.

Impact

Rights, Respect and Recovery Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths:

(November 2018)

- Alcohol and drug treatment and recovery services must develop trauma-informed approaches.
- Services need to be person-centred, trauma-informed and better integrated

Main Office

Scottish Drugs Forum

91 Mitchell Street

Glasgow G1 3LN

t: 0141 221 1175

f: 0141 248 6414

e: enquiries@sdf.org.uk

www.sdf.org.uk

Find drug services in your area:

www.scottishdrugservices.com

Hepatitis Scotland

www.hepatitisscotland.org.uk

Take Home Naloxone

www.naloxone.org.uk

Edinburgh

139 Morrison Street

Edinburgh EH3 8AJ

t: 0131 221 9300

f: 0131 221 1556

e: enquiries@sdf.org.uk

www.scottishdrugservices.com

Scottish Drugs Forum (SDF) www.sdf.org.uk is a company limited by guarantee, registration no. 106295 with charitable status and is also a registered Scottish charity registered SC 008075. Registered Office: 91 Mitchell Street, Glasgow, G1 3LN

