A Contextual Analysis of Risk Behaviors Among Older Adult Drug Users and Harm Reduction in Suburban Versus Inner-City Social Environments

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Figure 1
Past Year Drug Use by Age over Time 1979-1997
(SAMHSA 2000)
Illicit Drug Use Increases Among Adults Ages 50 to 59; Trend Driven by Aging Baby Boom Generation

Illicit drug use among older adults has increased in recent years, according to data from the National Survey on Drug Use and Health (NSDUH). The percentage of adults ages 50 to 59 who reported using at least one illicit drug in the past year—primarily marijuana and nonmedical use of prescription drugs—increased from 5.1% in 2002 to 9.4% in 2007 (the most recent year for which data are available). Additional analyses show that this trend was driven by the aging of the baby boom generation—those born between 1946 and 1964. This cohort has a much higher lifetime illicit drug use rate than earlier cohorts and represents an increasing proportion of persons ages 50 to 59. The rate of illicit drug use among this age group, however, remains lower than that of other age groups. For example, 33% of

![Percentage of Adults Ages 50 to 59 Reporting Past Year Illicit Drug Use, 2002 to 2007](image)

SOURCE: Adapted by CESAR from Han, B., Gfroerer, J., and Colliver, J., Office of Applied Studies, Substance Abuse and Mental Health Services Administration, “An Examination of Trends in Illicit Drug Use Among Adults Aged 50 to 59 in the United States,” OAS Data Review, August 2009. Available online at http://oas.samsba.gov/dmc/OSD/OSA/OAS_data_review_OlderAdults.pdf. For more information, contact Beth Han at beth.han@samsba.hhs.gov.
There are no old junkies?
Research Questions

• What age defines an older user?
• What are the risk behaviors of older adult drug users (ODU)?
• How do these risk behaviors vary by the social context?
• What harm reduction strategies are needed for an ODU population?
• How do these needs vary by social context?
Survey and in-depth interview data drawn from two studies in Atlanta Georgia, USA

(1) Study on methamphetamine users in the suburbs
(2) Study on ODUs of cocaine, heroin, or methamphetamine who are 45 and older

Limitations:
- exploratory
- not generalizable
Social
Psychological
Bio-chemical
Genetic
Psychological
Social
<table>
<thead>
<tr>
<th></th>
<th>SUBURBAN (n=25)</th>
<th>CITY (n=35)</th>
<th>TOTAL (n=60)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent (n)</td>
<td>Percent (n)</td>
<td>Percent (n)</td>
</tr>
<tr>
<td>Female</td>
<td>12% (3)</td>
<td>34% (12)</td>
<td>25% (15)</td>
</tr>
<tr>
<td>Male</td>
<td>88% (22)</td>
<td>63% (22)*</td>
<td>73% (44)*</td>
</tr>
<tr>
<td>African American</td>
<td>32% (8)</td>
<td>91% (32)</td>
<td>67% (40)</td>
</tr>
<tr>
<td>White</td>
<td>68% (17)</td>
<td>9% (3)</td>
<td>33% (20)</td>
</tr>
<tr>
<td>Age Range (mean)</td>
<td>45-65 (49.8)</td>
<td>45-65 (51.9)</td>
<td>45-65</td>
</tr>
<tr>
<td>IDU Ever</td>
<td>60%</td>
<td>57%</td>
<td></td>
</tr>
<tr>
<td>HIV</td>
<td>0</td>
<td>9% (3)</td>
<td>5% (3)</td>
</tr>
<tr>
<td>AIDS</td>
<td>0</td>
<td>3% (1)</td>
<td>1.7% (1)</td>
</tr>
<tr>
<td>HCV</td>
<td>4% (1)</td>
<td>26% (9)</td>
<td>17% (10)</td>
</tr>
</tbody>
</table>

Table 1: Sample Demographics of Older Users
Harm Reduction Among Older Users in Suburban Environments

• ODUs learned about risk prevention (not HR):
  • At college
  • In church
  • At work
• Few knew where to obtain HR services
  • Drove to inner-city for syringes
  • Used diabetic relatives/friends syringes
• Economic and class differences in access to:
  • Medical care
  • Mental health services
  • Social services
Harm Reduction Among Older Users in Inner-City Environments

- ODUs learned of HR
  - In the sex work industry
  - From the gay community
  - From the Atlanta Harm Reduction Center (AHRC)

- Prison/jails offered no HR education or services despite the prevalence of:
  - Drugs
  - Sex
  - Withdrawal from drugs
Conclusion

• Suburban ODUs
  – Little of no access to harm reduction services
  – Few public health services for ODU issues
  – Good private health care and treatment for the insured*

• Inner-City ODUs
  – Access to harm reduction services through AHRC
  – Decreasing public health services for ODU issues
  – Decreasing public/government funded drug treatment*
Future Initiatives

- Identify turning points in drug use over the life course
- Identify triggers to problematic use for older users
- Provide expanded access to HR services
- US federal funding ban for SEP lifted
  - What will it mean?
  - When will it trickle down to states?