

# FOCUS ON RESEARCH

## THE EDINBURGH ADDICTION COHORT –A FOLLOW-UP STUDY TO DESCRIBE THE LIFE COURSE OF INJECTING DRUG USE (INCLUDING TREATMENT PATHWAYS, IMPRISONMENT, MORTALITY, AND RATES OF CESSATION)

### Researchers

Roy Robertson, Matthew Hickman, John Macleod, Lorraine Copeland, James McKenzie

### Aims

To describe the life course of injecting; estimate the effect of exposure to health and social interventions on key outcomes; compare life course data with other injecting drug user cohorts.

### Project Outline/Methodology

814 injecting drug users (554 males, 260 females, including dead cases) presenting at a single practice between 1980 and 2004 were traced and followed up through a combination of personal interview and linkage to routine data sources. These included GP records, secondary care notes, prison and police records, death certificates and hospital admission records. Interviews covered early life adversities, education and employment, drug use, treatment, prison, relationships and children, sources of income, homelessness, and physical and mental health.

### Key Results

Follow up through either linkage and/or interview was achieved for 83% cohort members. Of living cohort members 77% were interviewed. The mean age of living cohort members was 37. Significant early life adversity was apparent in most cases. For most, high levels of non-injection drug use and criminal involvement preceded their injection careers. In adulthood most experienced poor physical and mental health associated with limited labour market involvement (8% employed) and increased receipt of statutory sickness benefits (70%). 85% of males and 53% of females had periods in prison. Average duration of injecting was 13 years for males and 12 years for females overall; however in those receiving opiate substitution therapy (OST) women had a markedly shorter injection career. This important possible effect of OST will be explored further. 33% continued to inject, mostly in the 20–39 age group. 93% had at some point been on OST, and 83% remained on this. From the start of injecting until first receiving OST was approximately 1–2 years for 20–39 year olds compared to 4–7 years for those 40 and over. Length of time in treatment varied with age but in older groups was often more than 10 years.

For those with known test data, 34% were HIV positive and 61% were HCV positive. Hazardous alcohol, heavy smoking, anxiety and perceived poor health were common. Mortality rate was high, with over 28% dying at a mean age of 35.3 years for males and 34.9 years for females compared to current life expectancy in Scotland of 74.2 years for males and 79.2 years for females (GRO 2007).

### Conclusions

There is substantial variation in duration of injecting careers; this may be differentially influenced by OST in women compared to men. Relapse following cessation is common though risk reduces with duration of cessation. Blood borne infection and overdose are the major causes of premature mortality. Other lifestyle and socio-environmental factors also contribute to morbidity.

### What does this study add to the field?

This study extends understanding of the life course of drug injection and the influence of interventions on health and social outcomes amongst a cohort of injectors predominantly cared for in their own community. It confirms the high cost of injection both in terms of injectors' health and service provision, suggests positive outcomes of intervention, particularly opiate substitution treatment and highlights the long-term requirement for treatment.

### Implications for Practice or Policy

The identification of long-term drug use and the need for long term treatment is crucial for policy on drug treatment practice. Revelations about relapse after years of remission are important in understanding life courses and management issues.

### Where to next?

Analyses of these data including comparison with other cohorts are ongoing. Future data from non-injecting community controls will allow us to investigate early life influences on risk of injecting that may inform more effective prevention.

### Further details from:

Dr Roy Robertson, 1 Muirhouse Avenue, Edinburgh, EH4 4PL Roy.Robertson@ed.ac.uk

