Author’s response to reviews

Title: Self reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in the United Kingdom

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Author’s response to reviews:

Reviewer’s report

Title: Self reported health status, and health service contact, of illicit drug users aged 50 and over: a qualitative interview study in the United Kingdom

Version: 1 Date: 27 February 2009

Reviewer: Carla Treloar

Thank you for your very helpful comments which we hope we address. Thanks also for reviewing this paper so promptly.

Reviewer’s report:

Self reported health status, and health service contact, of illicit drug users aged 50 and over: A qualitative interview study in the United Kingdom.

This paper has an interesting premise and one with which I agree – that there is little research on older drug users and the needs of this group will have significant impact on health services in the near to medium term future.

However, there were a number of issues in this paper which I feel need some work.

Major Compulsory Revisions

Some of the issue raised by the participants are not the sole domain of older drug users – poor/discriminatory treatment in health services, loneliness and depression, low prioritization of hepatitis C – have been documented in the literature using samples with a wide range of ages. What are the specific implications for people aged 50 and above? Eg with hepatitis C infection – though they may be asymptomatic, they may have been living with hepatitis C for 2-3 decades (given the description of the sample provided), which might indicate a higher risk of significant liver damage requiring health workers to be aware of ageing population and need to refer older drug users to treatment – and further, that older drug users might not suddenly, once they turn 50, become interested in hepatitis C when it has had little impact on them or their networks in the decades
Although hepatitis C is one example – I would like the authors to make more of the other issues – why are older drug users important to consider – what is different to depression experienced by older people than younger? (given the very high rates of depression found among people, overall, with drug dependency)

We have added to the discussion about older drug users and hepatitis C infection as you suggest and throughout the paper we have added text to make more of the issues we discuss in relation to older people.

Page 7 – I am confused about the findings relating to the crack cocaine smokers. Are these from the US study mentioned in this paragraph? I don’t find these data particularly interesting, but there is potential for the authors to draw together the material on poly drug use (including alcohol) over the lifespan and the impact on physical health, and resultant complex needs likely to be expressed by older people.

We have changed the text to show we include quotes from people interviewed in this study. We have added a brief paragraph which tells the reader that older people suffer from complex health needs after chronic multiple drug use and that services should respond accordingly.

Again, there is potentially interesting material on page 9 re the support structures available and developed by older drug users – some further detail and development of this, using the data, would be very interesting. For example, this buys into notions of survivalship and resilience which have been discussed in relation to drug use.

We have included more on these findings.

The discussion around drug use and palliative care is very interesting and should remain in a rewrite.

This section remains unchanged.

Method

There are some issues to be clarified here.

The “analysis” section needs more detail. Eg “transcripts” just appear on page 4 – no mention of taping, or data cleaning are made. Where did codes come from – have the authors used themes and codes interchangeably here? Did the authors adopt any particular relationship with the data as they proceeded through analysis?

In the first section of the methods section, we say that all the interviews were ‘taped and transcribed’. We have also added a sentence to say that LP assisted with data cleaning of the transcriptions. We have amended the analysis section to improve the clarity regarding codes/themes.

Page 5 mentions that the minimum age was reduced from 60 to 50 – this was a surprise! And that the participants aged 49 was used as a deviant case – why?
Surely 50 is an arbitrary minimum age, and also there is no further detail on this participant in the paper.

We reduced the age to maximise recruitment and mention that this was the case. Yes, 50 is an arbitrary minimum age; unlike for young people there are no definitions of what constitutes ‘old’ for drug users. In the case of drug users, some studies consider 35 to be old. We have removed mention of the participant aged 49.

As the authors have chosen a qualitative method, I am not convinced at all by the need to explain their relationship to reliability and validity. Indeed, if participants had incoherent or inconsistencies in their narratives – this is makes very interesting material to work with in analysis.

We believe that it is important in qualitative research, as with quantitative research, to demonstrate how reliability and validity are assured. We would therefore, prefer to keep this section in the paper.

The sample size is small – 10 – even for a qualitative study of this type. The authors should comment on this. As well as any comments about whether the data achieved saturation.

We have reminded the reader that the sample size was 10 in the conclusions, where we discuss the generalisability of our findings. Information about saturation is detailed in the reliability and validity and data analysis sections.

General –Minor Essential Revisions

-alcohol is also a drug. The term “alcohol and other drug” is a more accurate description than those used.

We agree with your point but have left the text as it stands because we have recruited drug users (who may or may not have used alcohol) rather than alcohol users per se.

-There is some loose use of language eg page 5 – “and another who shared” – in this case the authors are referring to housing but “shared” is such a loaded term in research with people who inject drugs (with connotations of risk of blood borne virus transmission) that use of this term should be very carefully managed.

We have clarified this point by saying the person ‘shared their accommodation’.

-The authors used “worryingly” in a number of places. As the results are merged with the discussion, such comment on the results are somewhat jarring.

We have removed the word ‘worryingly’.

-Page 8 – typo – “women”, should be woman

We have changed this.

-What does this mean “in contact younger drug users from a different drug culture” – what is the different drug culture? Where is the evidence for this?

We have changed this to ‘peer group’. We illustrate this with a quote from one interviewee.
Page 10 – what is meant by “The de facto national health service”?
The text reads ‘de facto national service framework’. The Models of Care
document which we are discussing is not actually a national service framework
but acts as one for all intents and purposes (complicated we agree!).

You may wish to refer to the Hepatitis C literature in some more detail – the
Rhodes paper is a very good starting point for the main issues raised in
qualitative research; the Hopwood paper draws attention to the notion of
resilience in hepatitis C treatment among those who have experienced drug
dependency.

Rhodes T, Treloar C. The social production of hepatitis C risk among injecting
Hopwood M, Treloar C. Resilient coping: applying adaptive responses to prior
adversity during treatment for hepatitis C infection. Journal of Health Psychology.
2008; 13, 17–27.

Thank you for providing these references, which we have incorporated into the
discussion.

Level of interest: An article whose findings are important to those with closely
related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
'I declare that I have no competing interests

Reviewer's report
Title: Self reported health status, and health service contact, of illicit drug users
aged 50 and over: a qualitative interview study in the United Kingdom

Version: 1 Date: 27 February 2009
Reviewer: Russel Falck

Many thanks for your helpful comments which we hope we address. Thank you
also, for reviewing this paper promptly.

Reviewer's report:
The manuscript addresses an interesting as well as an important topic – aging
drug users, their health status, and their perceptions about their contacts with
health serve providers. It is a clearly written paper. It could be improved by
addressing several issues.

1) The title of the manuscript leads one to believe that the study focuses on older
drug users in the UK. The study is actually based on a very small (n=10) and
biased sample from Merseyside/Liverpool. The title promises more than the
manuscript delivers. The authors should consider re-titling the article to more
accurately reflect what it covers.

We have amended the title as you suggest.

2) Although the authors correctly note the lack of generalizibility of qualitative studies, this does not excuse the limitations of a biased sample, or at least discussing why it is biased. It appears that the sample was recruited solely from drug abuse treatment agencies in Merseyside/Liverpool. This should be so stated if this is the case. More detail on the actual recruitment process would be helpful. Importantly, the manuscript does not address older users who have not been in treatment.

Where we discuss the generalisability (in the conclusions) we have added the sentence: ‘Furthermore, these drug users were recruited through drug services and were all, or had been, problematic drug users (users of opiates and/or crack cocaine) and may not be representative of drug users not in contact with such services or users of different drugs’. We acknowledge that we have recruited via treatment services in Merseyside in the abstract and the methods. The recruitment section of the methods states that we recruited via drug treatment services only.

3) Similar to the above points, it is not possible from reading the manuscript to ascertain what kind of users the manuscript is actually describing. It seems likely many, if not all of them, were injectors. It is not clear whether they used heroin, cocaine HCl, crack, or what, or whether or not they are still using. Whatever the case, it is clear, for one example, that people who only smoke marijuana and drink alcohol, and who are aged 50 and above, are older drug users (as defined by the authors), but such people are not addressed in this study, regardless of whether or not they have been in treatment.

This is an important point, thank you for pointing this out. We have added to the ‘Context, demography and substance use’ section more detail about their drug use.

4) With nine men and one woman in the sample, it is hard to accept that thematic saturation was reached on an issue like health status, particularly given the different health issues that confront men and women as they age.

We did not find any differences in health status according to gender. However, as you point out, our sample only included one woman, and we highlight this in the conclusions by saying we have included a predominantly male sample. Our interviewees were also relatively similar in terms of their drugs of use (though not drug use duration) – for example all had used heroin and the majority also had a history of stimulant use. We have added to the conclusions section to reflect these limitations.

5) The discussion of physical health section of the manuscript details issues related to HCV. Why just HCV and not other blood-borne infections? The discussion seems to be based very much on the extant literature and not so much on the actual findings of the study itself. The discussion about respiratory problems is neglectful of the possible role of cigarette smoking in the
development of such problems. The inclusion of tricyclics as a cause of memory impairment among drug users is odd given there is no mention in the manuscript of the sample having used such drugs. The authors might want to reconsider referring to them in the context in which they do. Also, I think the term is “over” not “other” the counter medicines.

We discuss HCV in detail because this infection was discussed by the interviewees. None of the interviewees said they had other blood borne viruses. We have changed the line ‘The link between smoking any substance and respiratory complications is well known’ to ‘The link between smoking any substance, including cigarettes, and respiratory complications is well known’ to explicitly say we include cigarettes under ‘any substance’. We have removed the discussion of over the counter medicines.

Level of interest: An article of importance in its field
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests