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

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Reviewer: Carla Treloar

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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 prior.

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)

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.
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.

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

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?

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.

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.

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.

General –Minor Essential Revisions
- alcohol is also a drug. The term “alcohol and other drug” is a more accurate description than those used.
- 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.
- 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.
- Page 8 – typo – “women”, should be woman
- 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?
- Page 10 – what is meant by “The de facto national health service”?
- 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.


**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