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 Merseyside, United Kingdom.

I still believe that this paper has an interesting premise – 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 – but I still have some reservations about the strength of the argument presented.

Major Compulsory Revisions

This issue remains: 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? Particularly with mental health – again, given the very high rates of depression and anxiety among those dependent on illicit drugs over the life course?

I am still unconvinced by the emphasis on reliability and validity. That people provide contradictory or revisionist statements within narrative is a strength of qualitative data – there is no need to “verify accuracy and consistency”. If the authors are wedded to this, then they should assert themselves within a positivist or post-positivist paradigm (and the assumptions that go along with this).

Saturation – I know the authors claim this, but I find it difficult to swallow as the situations of the interview participants seem so diverse eg obesity; development of relationships with younger drug users for material and social supports; variety of levels of current use of illicit drugs and varying life histories with regard to use.

I am also concerned about some of the language and expression – as researchers we are entrusted with great responsibility not to perpetuate or further the discrimination or disadvantage experienced by drug users because of our use of unclear or problematic language.

For example

Abstract and page 6 – older drug users “will have more significant liver disease…” – progress of liver disease is dependent on multiple factors. As you note, one of your sample began injecting in their 40s (and hence assuming that
hepatitis C was acquired within a few years later) – their progress to liver disease
will not be the same (all other factors being equal) as those who acquired
hepatitis C in their early 20s. Beyond this, sex, weight, immune factors, alcohol
intake, genotype will all have varying and perhaps interactive effect on liver
health. A qualification is needed here.

Similarly, research should not imply that all people with hepatitis C need or
should be implored to “receive” treatment. The unequivocal statements in
abstract and page 6-7 do not allow for an informed engagement of the person
living with hepatitis C in treatment and care options. I would prefer some
qualifications of the statements of relevance to health care workers.

Abstract – the term “abuse” is not a helpful term as it has numerous uses, and
little empirical definition.

Page 14 – “unfounded” criticism leveled at a doctor regarding prescription of
methadone ampoules. I find this a difficult term in this situation. Why unfounded?
This participant is explains difficulty in taking methadone linctus – his needs are
not being addressed by his doctor or the system – so he should just remain with
a treatment which causes him distress and discomfort (I note my assumption
here)? The authors could make a statement that these are difficult issues for
clinicians to negotiate given the guidelines, but also note that the participant is
left without his needs being addressed.

Page 14 - “even more desperate”. Again, why “desperate”? I see evidence (as
the authors do too) of resiliency and survivorship among the narrative extracts
presented. Why do these participants (or indeed older drug users in general)
need to be portrayed as such. Those drug users not in contact with services may
been presumed to have greater unmet needs. But what makes them desperate
(and all the connotations that go along with that portrayal)?

General –Minor Essential Revisions

Page 9 – a reference is needed regarding the claim of “limited agency to cope
with life”

Abstract – there is a mixing of conclusions in the results section (ie that health
care workers “must be aware…”

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 have previously received funding from Roche Products Pty Ltd for research in an unrelated area.